

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Monday, September 23, 2013 at the hour of 11:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Collens called the meeting to order.

Present: Chairman Lewis M. Collens and Directors Wayne M. Lerner and Luis Muñoz, MD, MPH (3)

Director Ada Mary Gugenheim

Absent: None (0)

Additional attendees and/or presenters were:

Randolph Johnston –System Associate General Counsel

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief of Clinical Integration

Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County

Pierre Wakim, MD – Provident Hospital of Cook County

## **II. Public Speakers**

Chairman Collens asked the Secretary to call upon the registered speakers.

The Secretary called upon the following public speakers:

1. Ursula Mlynarek Representative, SEIU Local 73 (report also presented – Attachment #1)
2. George Blakemore Concerned Citizen

Following the presentation of testimony and a report containing a survey of SEIU Local 73 members regarding outpatient clinic patient satisfaction by Ms. Mlynarek, Director Lerner asked how many total members of SEIU Local 73 are located in the outpatient clinics, and how many responses to the survey were received. Ms. Mlynarek responded that she can provide this information to the Board Secretary, who can then forward it to the Committee Members<sup>1</sup>.

## **III. Report from System Director of Quality, Patient Safety, Regulatory and Accreditation**

### **A. Committee Education – Approach to Adverse Events: CCHHS 2013 (Attachment #2)**

Dr. John Jay Shannon, Chief of Clinical Integration, provided an overview of the information presented regarding Adverse Events. The Committee reviewed and discussed the information.

Following the Committee's discussion of the information, Dr. Shannon noted that he plans to present information next month regarding the results for the Culture of Safety Survey that was performed across the System.

**IV. Action Items**

**A. Minutes of the Quality and Patient Safety Committee Meeting, August 14, 2013**

Director Lerner, seconded by Director Muñoz, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of August 14, 2013. THE MOTION CARRIED UNANIMOUSLY.

**B. \*\*Medical Staff Appointments/Re-appointments/Changes (Attachment #3)**

Director Muñoz, seconded by Director Lerner, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

**C. Any items listed under Sections IV, V and VI**

**V. Recommendations, Discussion/Information Items**

**A. Reports from the Medical Staff Executive Committees**

**i. Provident Hospital of Cook County**

**ii. John H. Stroger, Jr. Hospital of Cook County**

Dr. Pierre Wakim, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, presented his report. He stated the regular credentialing and EMS meetings were recently held. As a follow-up from last month, the Bylaws that were approved by this Committee, which excluded the section regarding absentee voting, were presented and ratified.

Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented his report. He stated that EMS met a couple of weeks ago. A report from nursing was discussed; he indicated that the shortage of manpower in nursing is quite acute and is testing a lot of resolve and patience of the people who are not only involved in it, but also who are trying to solve it. He wanted to bring this to the Committee's attention, as it is an issue that is extremely important; he noted that he was sure that efforts are being redoubled to address the problem.

With regard to the Stroger Hospital Medical Staff Bylaws, Dr. Ukoha stated that a few things were tweaked; however, he indicated that there will be some major changes coming. Dr. Ukoha indicated that he has received comments from his fellow medical staff members regarding a County shutdown day that is planned for the day after Thanksgiving. With regard to the Trauma Department and Burn Unit, Dr. Ukoha stated that they are in line next month for reaccreditation from the American Burn Association. Additionally, they also will be looking to the American College of Surgeons to essentially approve the work that is being done by the Burn Unit; this would be a recognition, rather than an accreditation.

**VI. Closed Session Items**

**A. \*\*Medical Staff Appointments/Re-appointments/Changes**

**B. Litigation Matter(s)**

The Committee did not recess the regular session and convene in closed session.

**VII. Adjourn**

As the agenda was exhausted, Chairman Collens declared that the meeting was  
ADJOURNED.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Lewis M. Collens, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

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<sup>1</sup> Follow-up: Request for information on how many total members of SEIU Local 73 are located in the outpatient clinics, and how many responses to the survey (Attachment #1) were received. Page 1.

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
September 23, 2013

ATTACHMENT #1

**Front Line Health Care Worker  
SEIU Member Survey On:**

**Cook County Health and Hospitals System  
Outpatient Clinic Patient Satisfaction**

Prepared by the SEIU Local 73 Research Department

On behalf of the membership of SEIU Local 73

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## Summary

- A majority of SEIU Local 73 members at Cook County Health and Hospitals System's (CCHHS) Ambulatory Community Health Network (ACHN) outpatient clinics have completed surveys and engaged in union meetings to discuss workplace solutions to improve patients' satisfaction.
- SEIU members feel the new Patient-Centered Medical Home Model has improved interactions and communication between front-line providers, their patients, and other caregivers.
- The greatest barriers to patient satisfaction is long wait times and scheduling patient appointments.
- Training on the new outpatient model has been uneven. A similar number of SEIU members feel they were not trained at all as those who feel they were trained adequately.
- SEIU members who work at outpatient clinics feel that what their union, their co-workers and each other can do to improve the patient experience is to work together to identify challenges and solutions.
- We are stronger together. SEIU will continue to engage with our members and management to identify concerns and propose solutions to improve patients' experience at Cook County Health and Hospitals System and to support the mission of CCHHS to provide quality services with dignity and respect, regardless of a patients' ability to pay.

## **Introduction**

2014 will usher in many exciting changes to the ways our Cook County communities can access healthcare. The Affordable Care Act, both the Health Insurance Exchanges and Medicaid Expansion, will provide more than eight hundred thousand people across Cook County with the possibility of affordable health coverage, many of them for the first time. Members of SEIU, working at Cook County Health and Hospitals System as frontline healthcare workers, champion this increased access to healthcare.

The influx of these newly insured Cook County residents into the healthcare market places Cook County Health and Hospital System in a unique position; for the first time, CCHHS will have to compete with CountyCare in-network partners and out-of-network competitors to keep our patients who were previously turned away from other providers before the implementation of the Patient Protection and Affordable Care Act.

Our members are committed to providing world-class accessible care to Cook County communities. Following the introduction and implementation of the Patient Centered Medical Home (PCMH) model, our members have rallied around this exciting step towards improving quality patient care at our outpatient clinics.

As described in the following pages, our members, directed by our elected union stewards and executive leadership, provided helpful and significant feedback on the recent implementation of PCMH model, and the overall state of CCHHS.

## **Methods**

### **Population**

Surveys were collected from a total population of front line health care workers who are both SEIU members and who interact with patients at CCHHS outpatient clinics.

Clinics included in this data encompass over 10 sites, including Oak Forest, Woodlawn, Englewood, Sengstacke, Prieto, Cicero, Vista, Logan Square, Fantus, and a large number of specialty clinics in Stroger Hospital.

Job titles represented included Health Advocates and Patient Care Attendants, Medical Assistants, Lab Techs, Social Workers, Physician Assistants, Transporters, Building Service Workers, and other health care professional, technical, and technologist occupations.

### **Survey**

Survey respondents answered 11 multiple part questions. Questions were divided into Likert scale responses where in eight separate sub-questions respondents had to circle a number on a five point scale. In six additional questions respondents had the opportunity to write their own response. Four additional yes/no questions were provided to identify whether a member identified as being on the CCHHS Patient Centered Medical Home Transformation Team and to what extent they wanted to become active in their union to work to improve the quality of patients' experience. A copy of the survey is attached at the end of this document.

### **Analysis**

SEIU Local 73's research department's initial analysis of survey data collected by SEIU members, stewards and staff comprised the following steps. First, written responses were categorized into one or more of 29 themes or subjects. Then, the number of times members collectively raised each theme or subject was counted for each similar group of questions. The frequency of members selecting a particular number on the Likert scale was also measured separately for each of eight scaled sub-questions.

## **Results**

### **What is Working?**

A majority of ACHN SEIU members, when asked about what they think patients like about the new services, answered questions that the research department categorized into 98 responses across 29 categories. 20 % of the themes related to “Communication with patients / Accessibility of providers” An additional 13 % picked wait times and 13% “Friendliness of staff to patients / Respect of patients. 10 % said teamwork and communication between providers. Nine percent said patients liked nothing about the new services.

When ACHN SEIU members were asked about they think are positive aspects of the PCMH model at their facility, they offered 144 responses, which the research department categorized into the same 29 categories. 22 % of themes that our members thought were positive aspects of the PCMH model included “Communication with patients / Accessibility of providers.” 19 % of responses touched on “Teamwork / Communication between providers.” 10% said Quality of services, 8% said “Friendliness of staff to patients / Respect of patients,” 6 % said “Scheduling appointments and or referrals” and 5 % of responses touched on the competency of staff.

### **What Needs to Change?**

When ACHN SEIU members were asked about what can be improved, they provided 412 responses categorized into 29 distinct themes. 19 % of these responses related to patient wait times, 12 % to scheduling appointments and or referrals, and 11 % to customer service, categorized as “Friendliness of staff to patients / Respect of patients.” 9% of responses discussed communication with patients and accessibility of providers, and 8 % discussed short staffing. 6 % said facility cleanliness, and other facility issues, and 5 % of responses related to problems with broken or missing equipment and supplies.

### **Next Steps?**

When ACHN SEIU members were asked what they could do with their colleagues and their union, out of 99 responses in 29 categories, 31 of responses related to teamwork and communication with each other. 10 % related to communication with patients, 7 % was friendliness of staff to patients and respect of patients and 7 % of responses thought we could do more to both increase staffing levels and equitably distribute workloads.

When ACHN SEIU members were asked what type of training management should provide, out of 74 responses, 22 % of them were related to computers and electronic medical records. 16% were related to working collectively in teams, 14% described opportunities for skills training and professional development, 9 % said other, most of these were comments that no training had been provided, and 7% said customer service training on how to be friendlier with patients and treat them with dignity and respect.

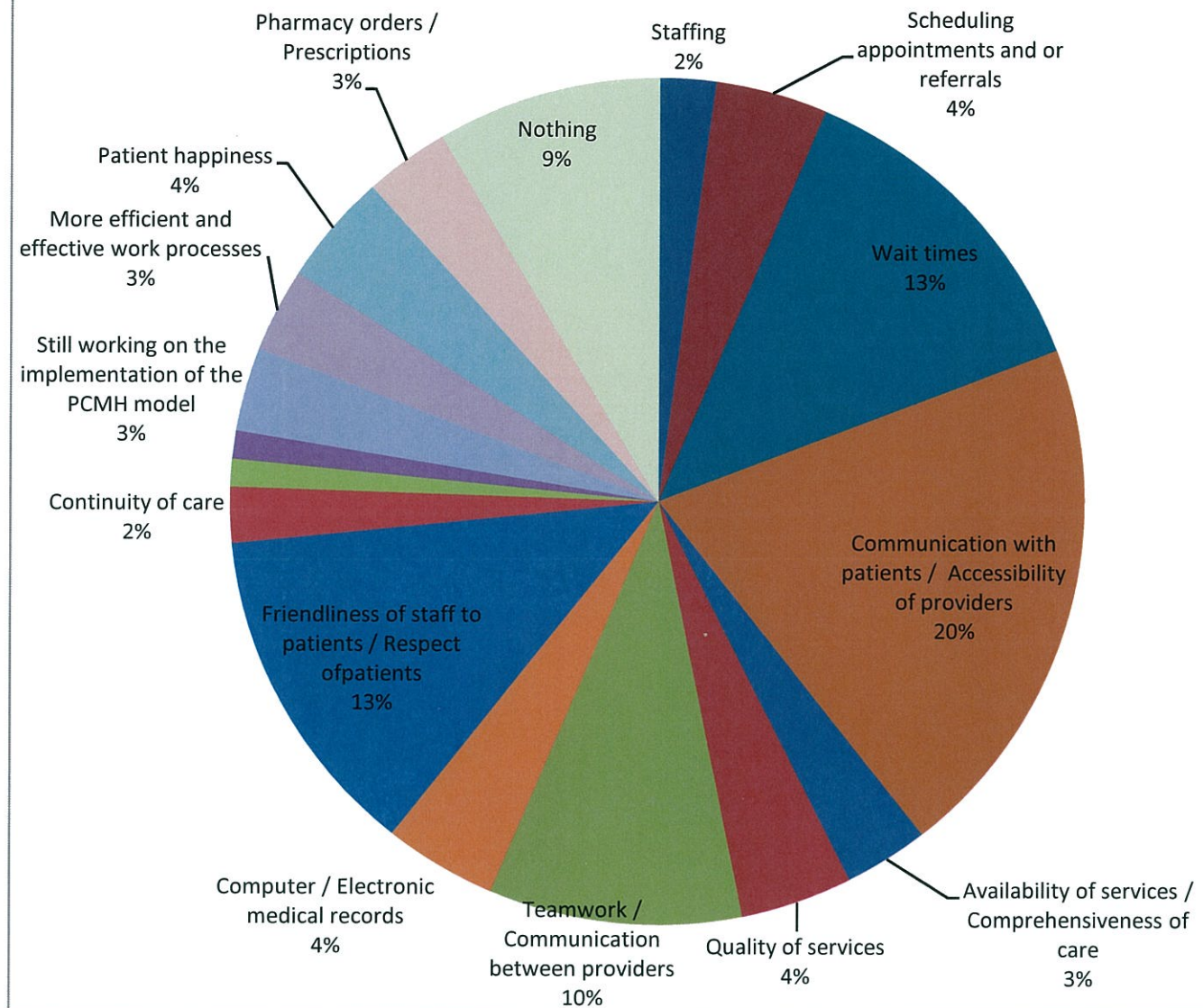
## Conclusion

This report serves as both a celebration of new opportunities for improving patient care at our outpatient clinics, and as a call to action to ensure the competitiveness of Cook County Health and Hospital System in the new healthcare market. As members of SEIU Local 73, Cook County Health and Hospital System frontline healthcare workers are continuing to improve patient care at our clinics.

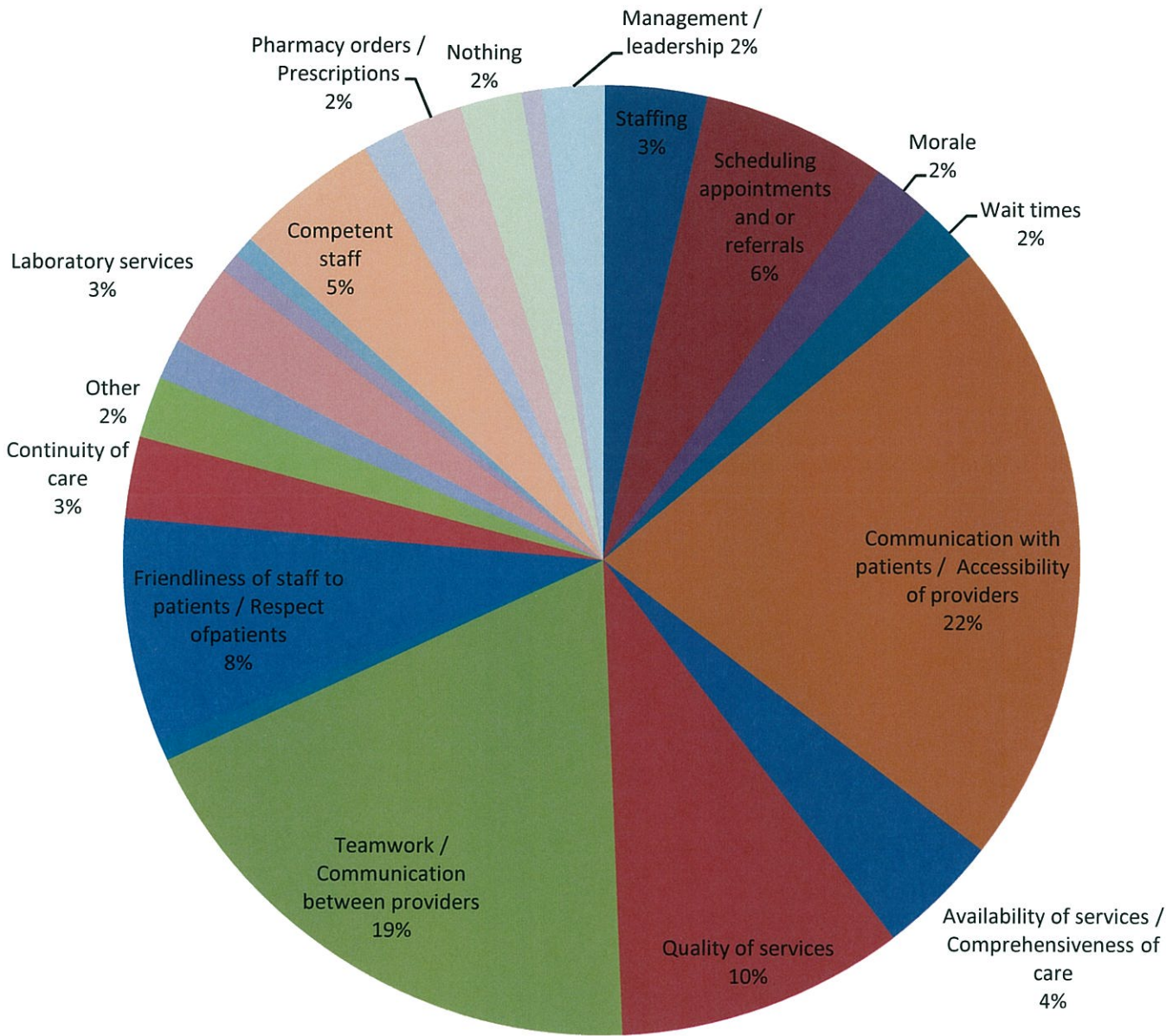
We look forward to exciting possibilities emerging from the Labor-Management Council to involve ourselves and our colleagues in decision-making and offer suggestions to improve patients' experience. This Labor-Management Council is dedicated to strengthening the process of implementing the Patient Centered Medical Home (PCMH) model and taking steps towards heightening the competitive advantage of Cook County Health and Hospital system. We are stronger together.

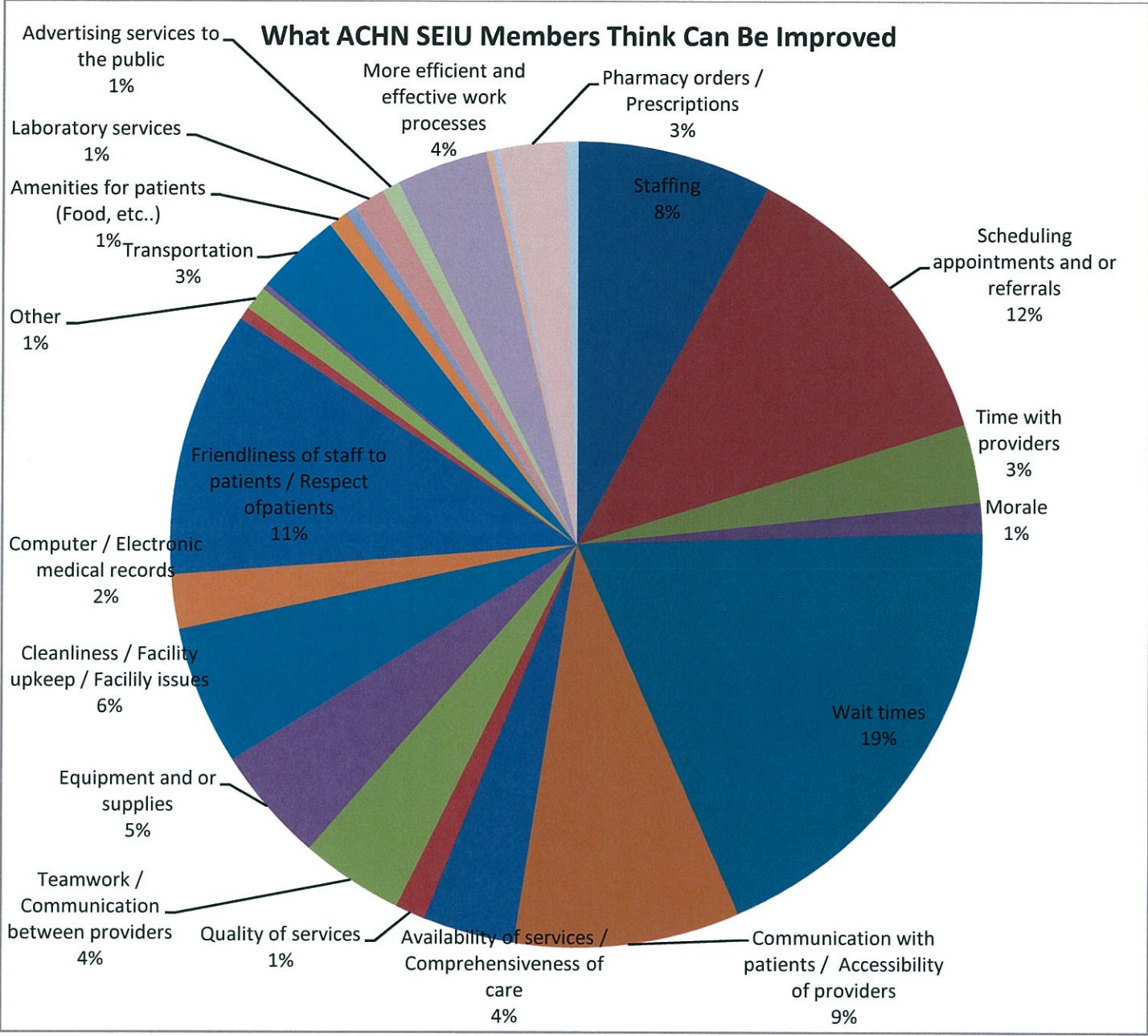
We look forward to comments, questions and support from the members of the CCHHS Safety and Patient Quality Committee, and the members of the CCHHS board at large.

### What ACHN SEIU Members Think Patients Like About The New Services

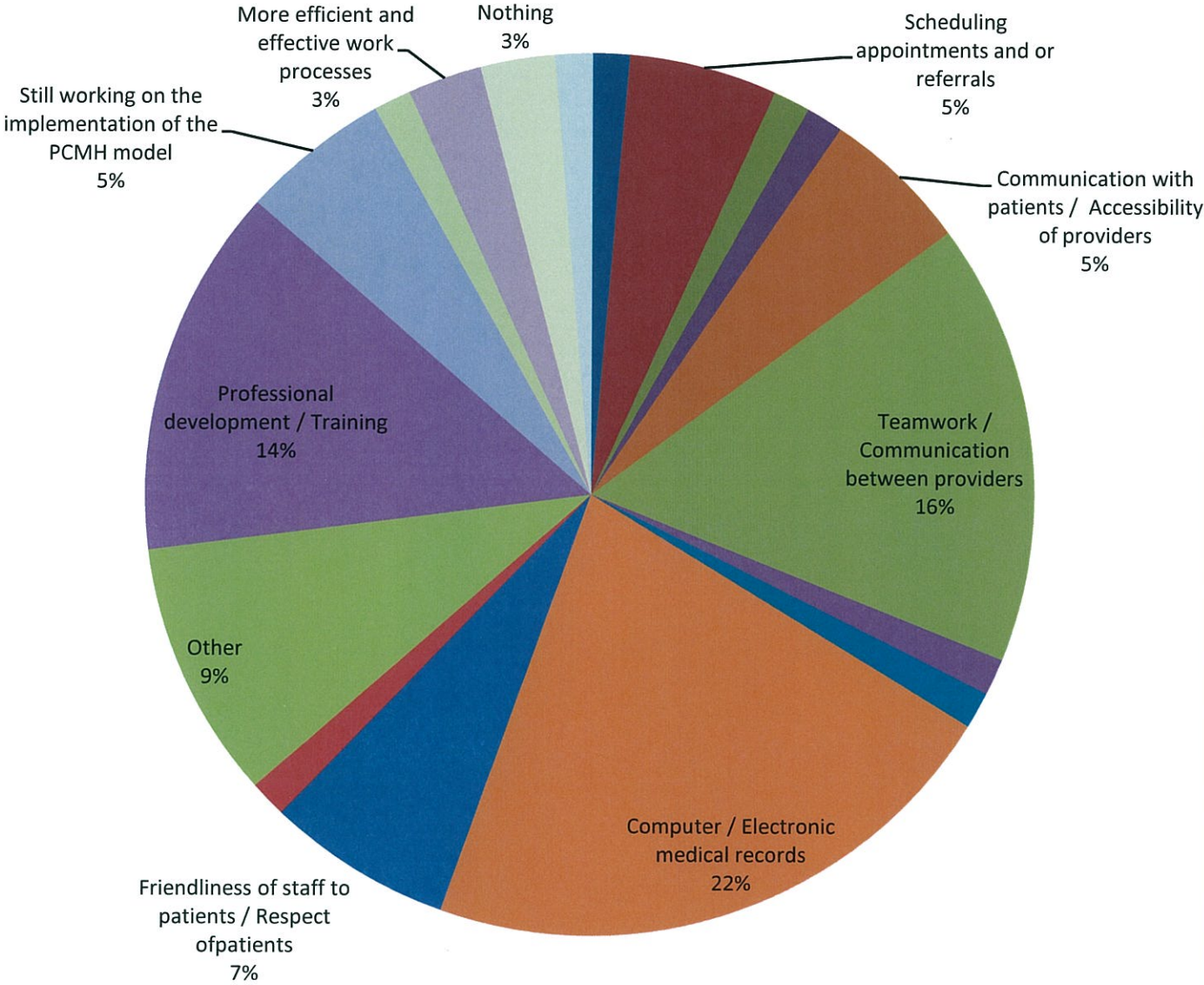


**What ACHN SEIU Members Think Are Positive Aspects Of The PCMH Model At Their Facility**

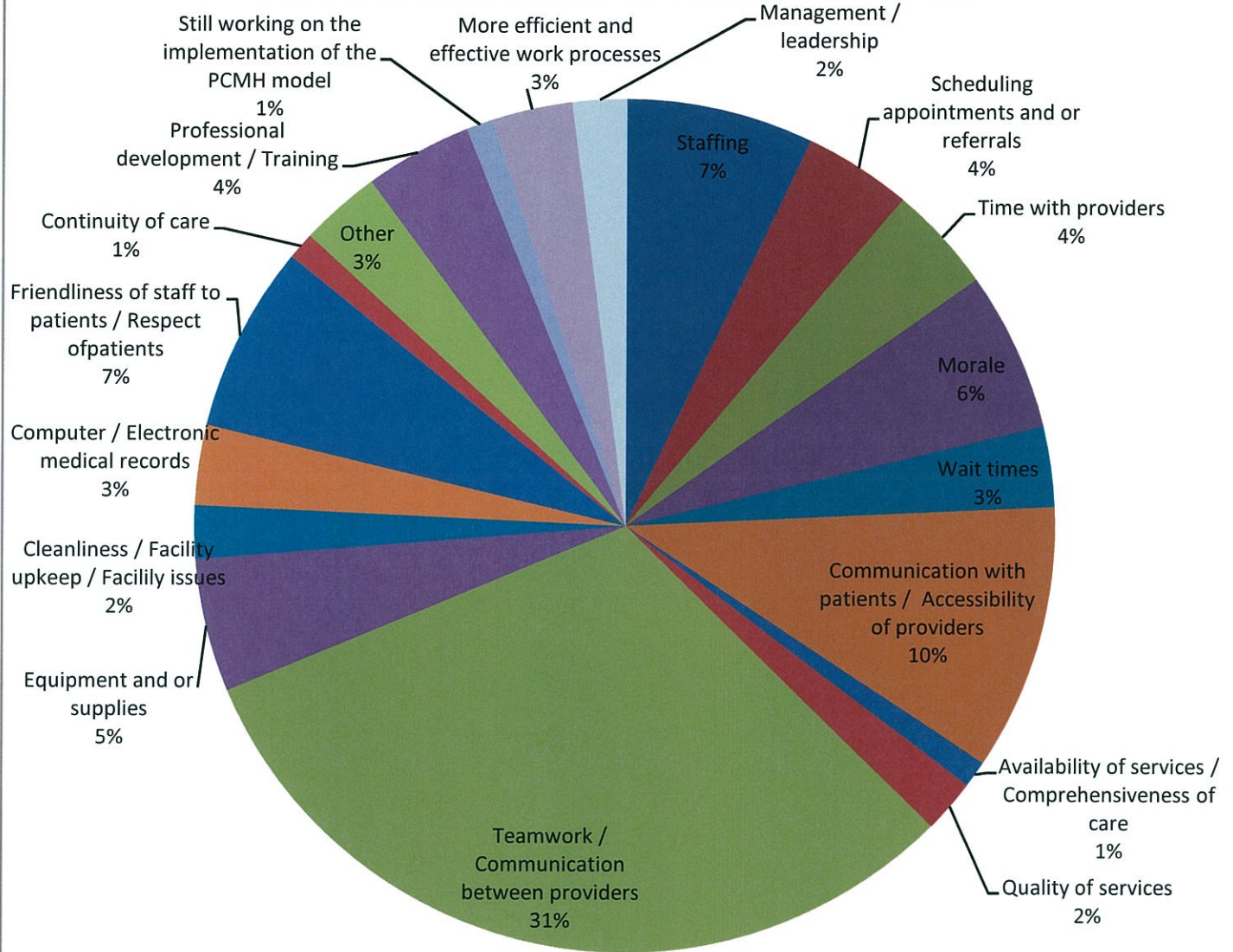


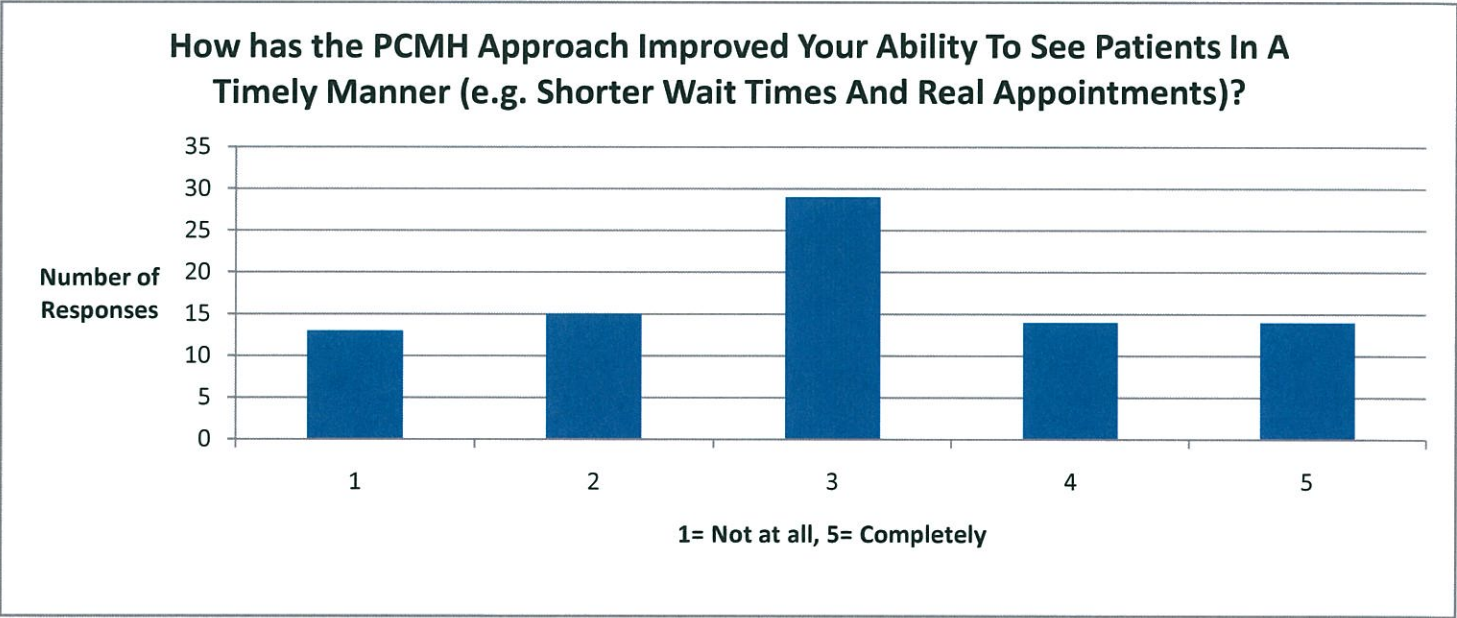
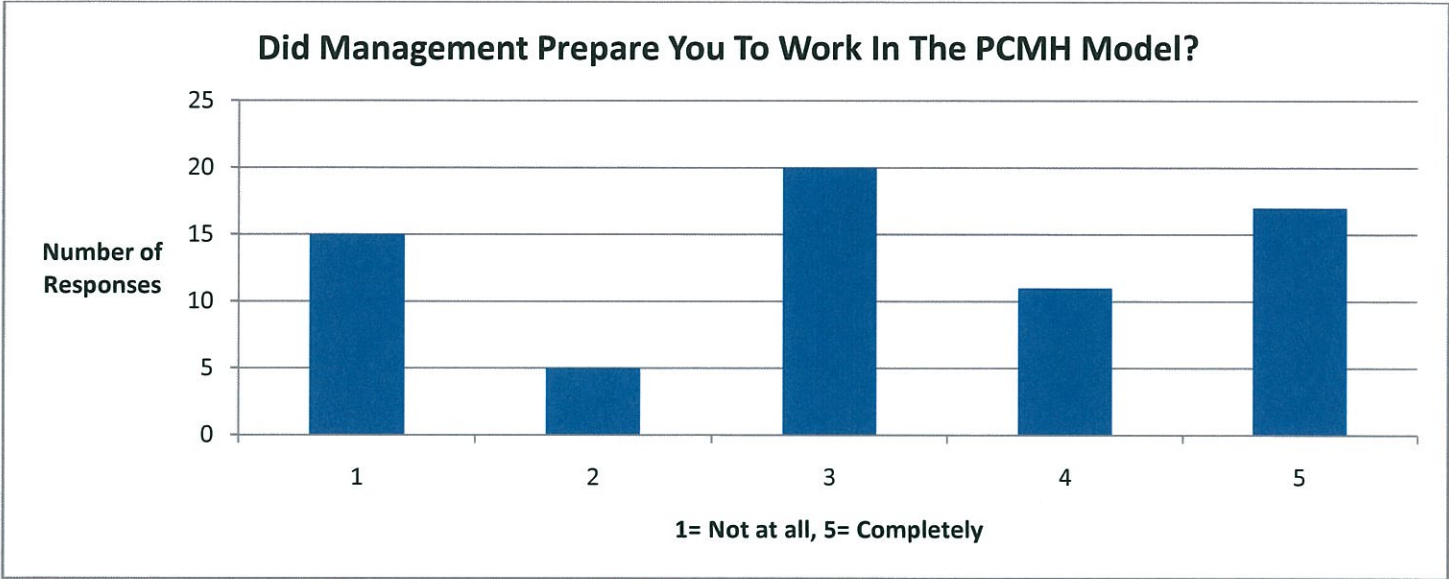


What types of training ACHN SEIU members think should be provided

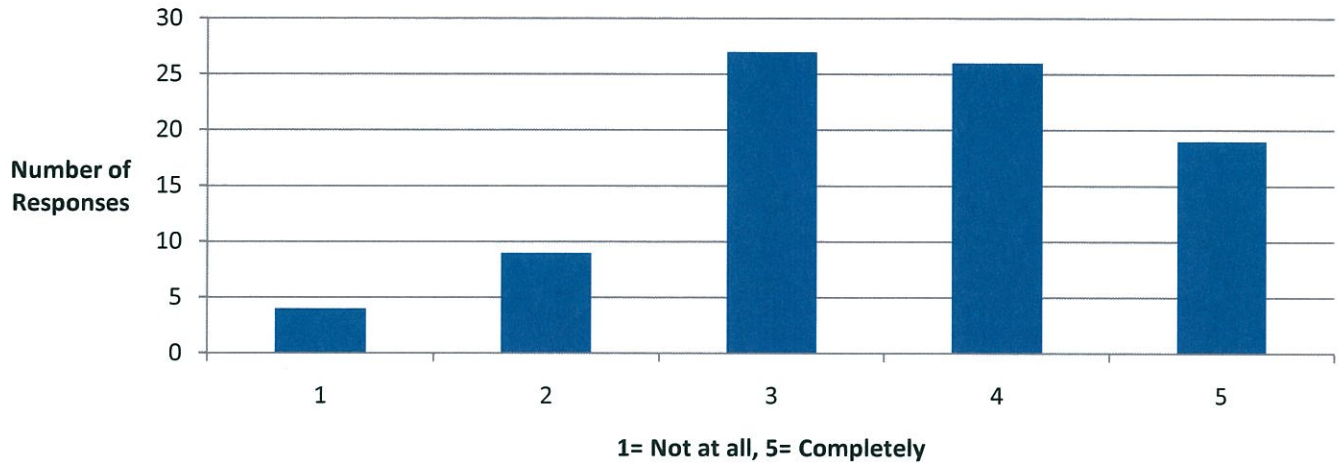


**What ACHN SEIU members say can be done by them, their colleagues and their union to make the PCMH model a success**

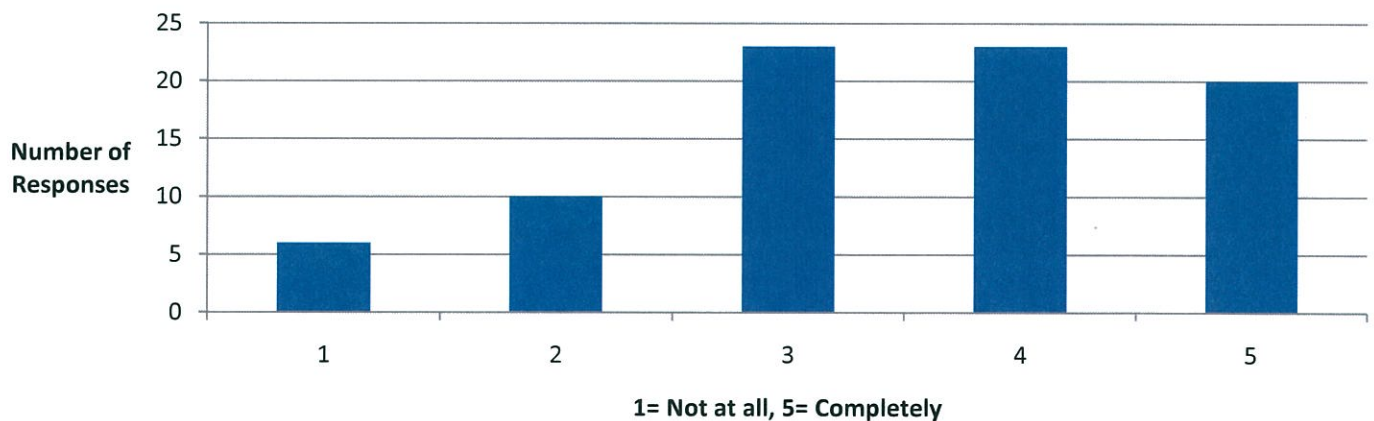




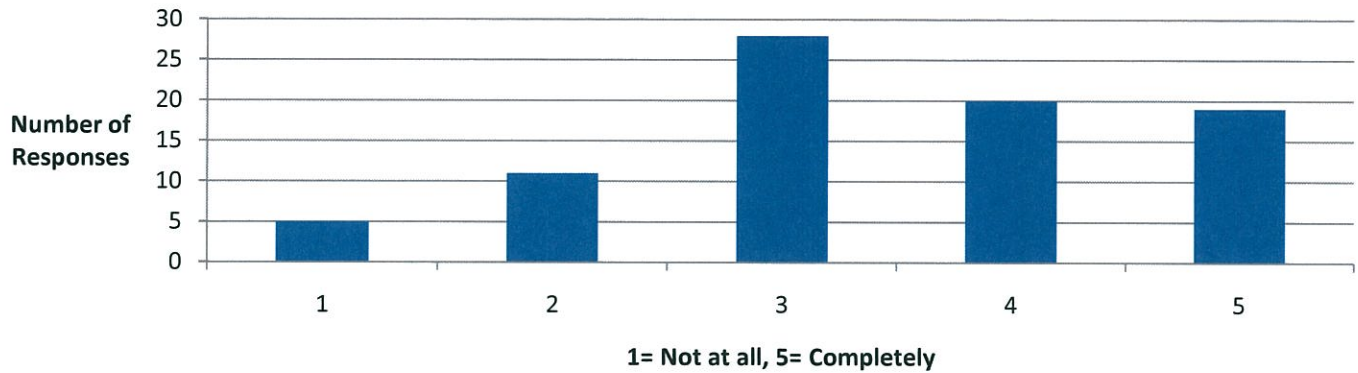
**How Has The PCMH Approach Improved Your Ability to Provide Better Patient Services and Care by Answering Questions and Being Generally Helpful To Them?**



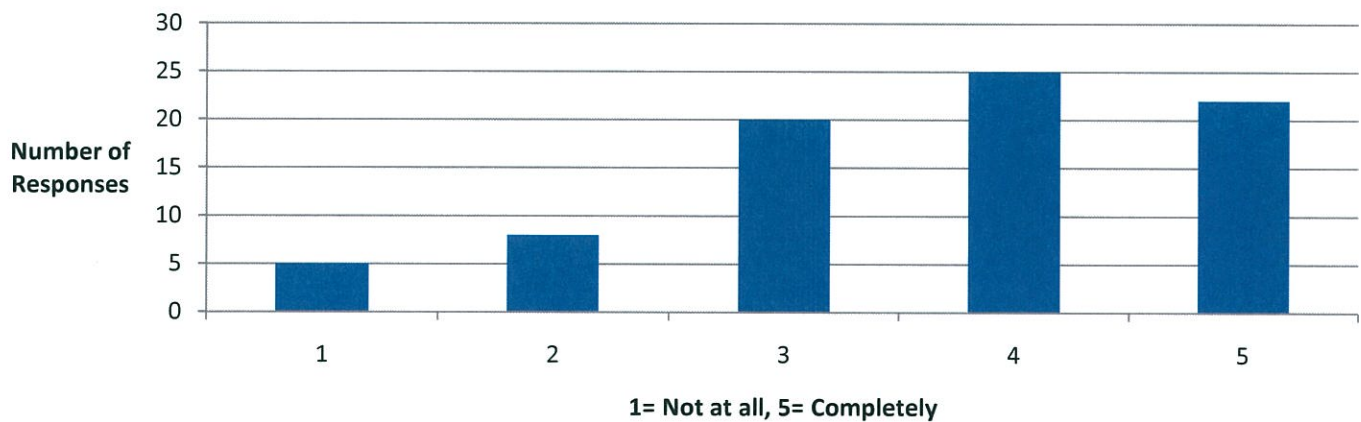
**How Has The PCMH Approach Improved Your Ability To Deliver Quality Care To Patients By Seeing The Same Team of Providers?**



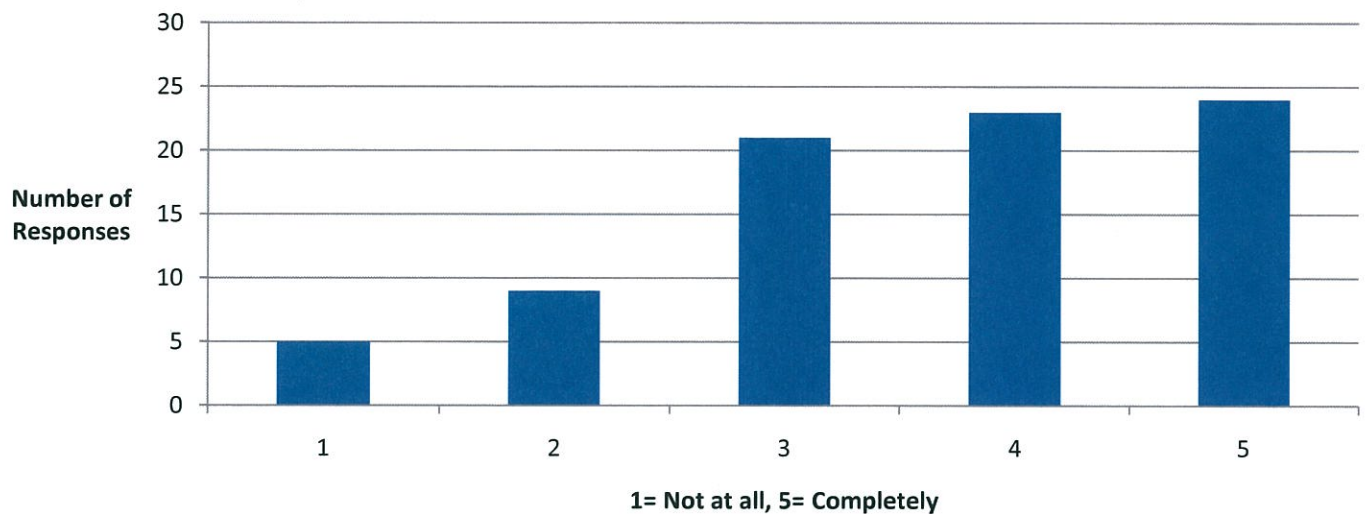
**How Has The PCMH Approach Improved Your Ability To Have The Time To Provide Critical Information To Patients, Particularly Those With Chronic Care Problems?**



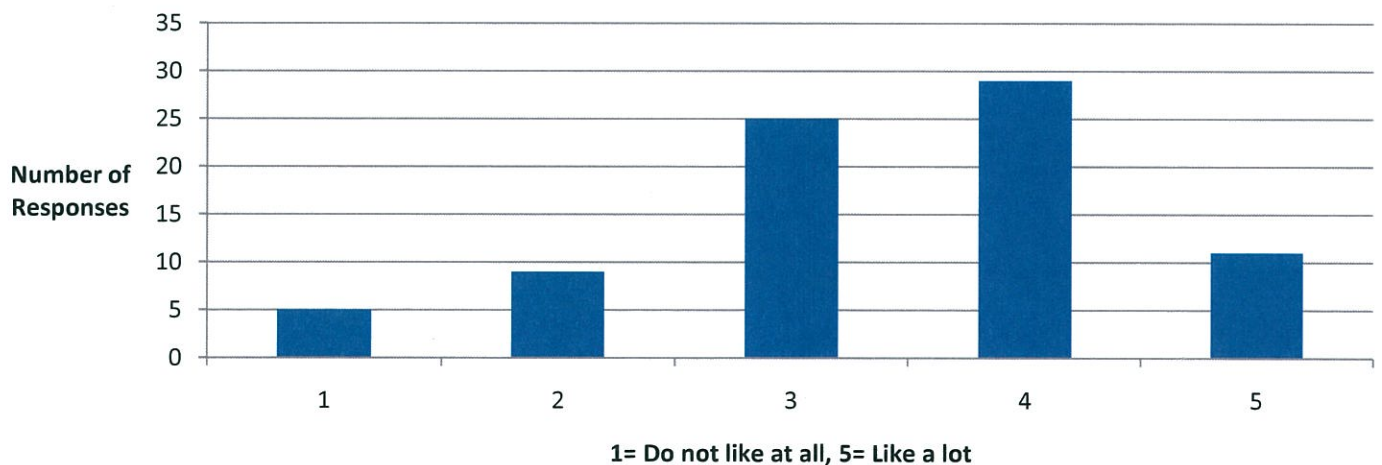
**How Has The PCMH Approach Improved Your Ability To Schedule Follow Up Appointment For Patients?**



**How Has The PCMH Approach Improved Your Ability To Provide You An Opportunity To Work As A Team With Your Colleagues?**



**How Do You Think Patients Like Receiving The Services At Your PCMH?**



Categorical Data Reference Codes	
<b>A</b>	Staffing
<b>B</b>	Scheduling appointments and or referrals
<b>C</b>	Time with providers
<b>D</b>	Morale
<b>E</b>	Wait times
<b>F</b>	Communication with patients / Accessibility of providers
<b>G</b>	Availability of services / Comprehensiveness of care
<b>H</b>	Quality of services
<b>I</b>	Teamwork / Communication between providers
<b>J</b>	Equipment and or supplies
<b>K</b>	Cleanliness / Facility upkeep / Facility issues
<b>L</b>	Computer / electronic medical records
<b>M</b>	Friendliness of staff to patients / Respect of patients
<b>N</b>	Continuity of care
<b>O</b>	Other
<b>P</b>	Professional development / Training
<b>Q</b>	Transportation
<b>R</b>	Amenities for patients (food, etc..)
<b>S</b>	Still working on the implementation of the PCMH model
<b>T</b>	Laboratory services
<b>U</b>	Advertising services to the public
<b>V</b>	More efficient and effective work processes
<b>W</b>	Patient happiness
<b>X</b>	Competent staff
<b>Y</b>	Care for the underserved
<b>Z</b>	Pharmacy Orders / prescriptions
<b>0</b>	Nothing
<b>1</b>	Utilization
<b>2</b>	Management/ Leadership

# SEIU Member Survey:

## Creating Patient-Centered Medical Homes at Cook County Health and Hospitals System's ACHN Clinics

Name: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Personal Email \_\_\_\_\_

Site/Dept \_\_\_\_\_ Shift \_\_\_\_\_ Job Title \_\_\_\_\_ Yrs @ CCHHS \_\_\_\_\_

***Please give the survey back to your union steward or representative or fax to 312-588-7581***

**1. Are you a member of the CCHHS Patient-Centered Medical Home Transformation Team?**

yes / no

**2. Creating Patient-Centered Medical Homes (PCMH) at CCHHS is one of the critical ways we will use to improve patient care and their experience. How has the PCMH approach improved your ability to:**

Please rate on a scale of 1 – 5; 1=Not at all, 5= Completely

See patients in a timely manner (e.g. shorter wait times and real appointments)	1	2	3	4	5
Provide better patient service and care by answering questions and being generally helpful to them	1	2	3	4	5
Deliver quality care to patients by seeing the same team of providers	1	2	3	4	5
Have the time to provide critical information to patients, particularly those with chronic care problems	1	2	3	4	5
Schedule follow up appointment for patients	1	2	3	4	5
Provide you an opportunity to work as a team with your colleagues	1	2	3	4	5

**3. These next two questions are regarding patients and services at your facility:**

Please rate on a scale of 1 – 5; 1=Do not like at all, 5= Like a lot

How do you think patients like receiving the services at your PCMH	1	2	3	4	5
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What do they like about the new services?

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**4. What are the top two or three changes that you think patients would like to see improved?**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

5. What do you feel are three positive aspects of the PCMH model at your facility?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

6. What do you feel can be improved in order to deliver better patient care at your facility?

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7. The next two questions are regarding your training to work in the PCMH model:

Please rate on a scale of 1 – 5; 1=Not at all, 5= Completely

Did management prepare you to work in the PCMH model	1	2	3	4	5
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What additional training would be helpful?

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8. What can you, your colleagues, and your union do to make the PCMH model a success?

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9. Would you be interested in attending additional meetings about what SEIU and others members are doing to improve patient care? yes / no

10. Would you be willing to take a leadership role in your union to improve the quality of patients' experience? yes / no

11. Would you be willing to help educate the patients in our community about how to enroll in County Care so they can get services at one of our PCMHs? yes / no

Survey returned to: (Name)\_\_\_\_\_

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
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ATTACHMENT #2

# Approach to Adverse Events: CCHHS 2013

John Jay Shannon, MD

# The modern patient safety movement begins...

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THE NEW ENGLAND JOURNAL OF MEDICINE

Feb. 7, 1991

## **SPECIAL ARTICLES**

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### **INCIDENCE OF ADVERSE EVENTS AND NEGLIGENCE IN HOSPITALIZED PATIENTS**

#### **Results of the Harvard Medical Practice Study I**

TROYEN A. BRENNAN, M.P.H., M.D., J.D., LUCIAN L. LEAPE, M.D., NAN M. LAIRD, Ph.D., LIESI HEBERT, Sc.D., A. RUSSELL LOCALIO, J.D., M.S., M.P.H., ANN G. LAWTHERS, Sc.D., JOSEPH P. NEWHOUSE, Ph.D., PAUL C. WEILER, LL.M., AND HOWARD H. HIATT, M.D.

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ADVERSE EVENTS IN HOSPITALIZED PATIENTS — LEAPE ET AL.

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### **THE NATURE OF ADVERSE EVENTS IN HOSPITALIZED PATIENTS**

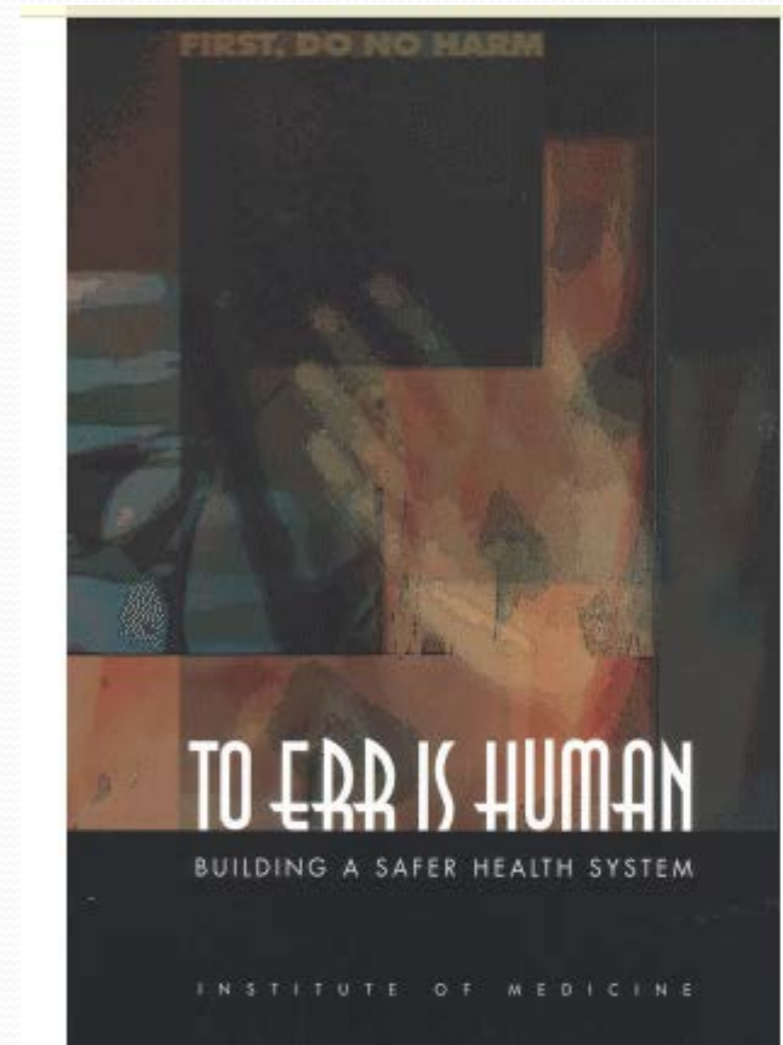
#### **Results of the Harvard Medical Practice Study II**

LUCIAN L. LEAPE, M.D., TROYEN A. BRENNAN, M.D., J.D., M.P.H., NAN LAIRD, Ph.D., ANN G. LAWTHERS, Sc.D., A. RUSSELL LOCALIO, J.D., M.P.H., BENJAMIN A. BARNES, M.D., LIESI HEBERT, Sc.D., JOSEPH P. NEWHOUSE, Ph.D., PAUL C. WEILER, LL.M., AND HOWARD HIATT, M.D.

# IOM Report 1999

## Public Release, Public Impact

- Summarized available data
- 44,000-98,000 deaths annually due to medical care
- About ½ are preventable
- Defined the future state of patient safety



# Current Regulatory Environment

- NQF Safe Practices – favors disclosure
- Joint Commission – favors reporting of sentinel events
- State of Illinois – law requiring reporting, not currently enforced
- Leapfrog Group – recommends reporting and disclosure
- CMS reports data publicly on Hospital Compare

# Publicly Reported Data

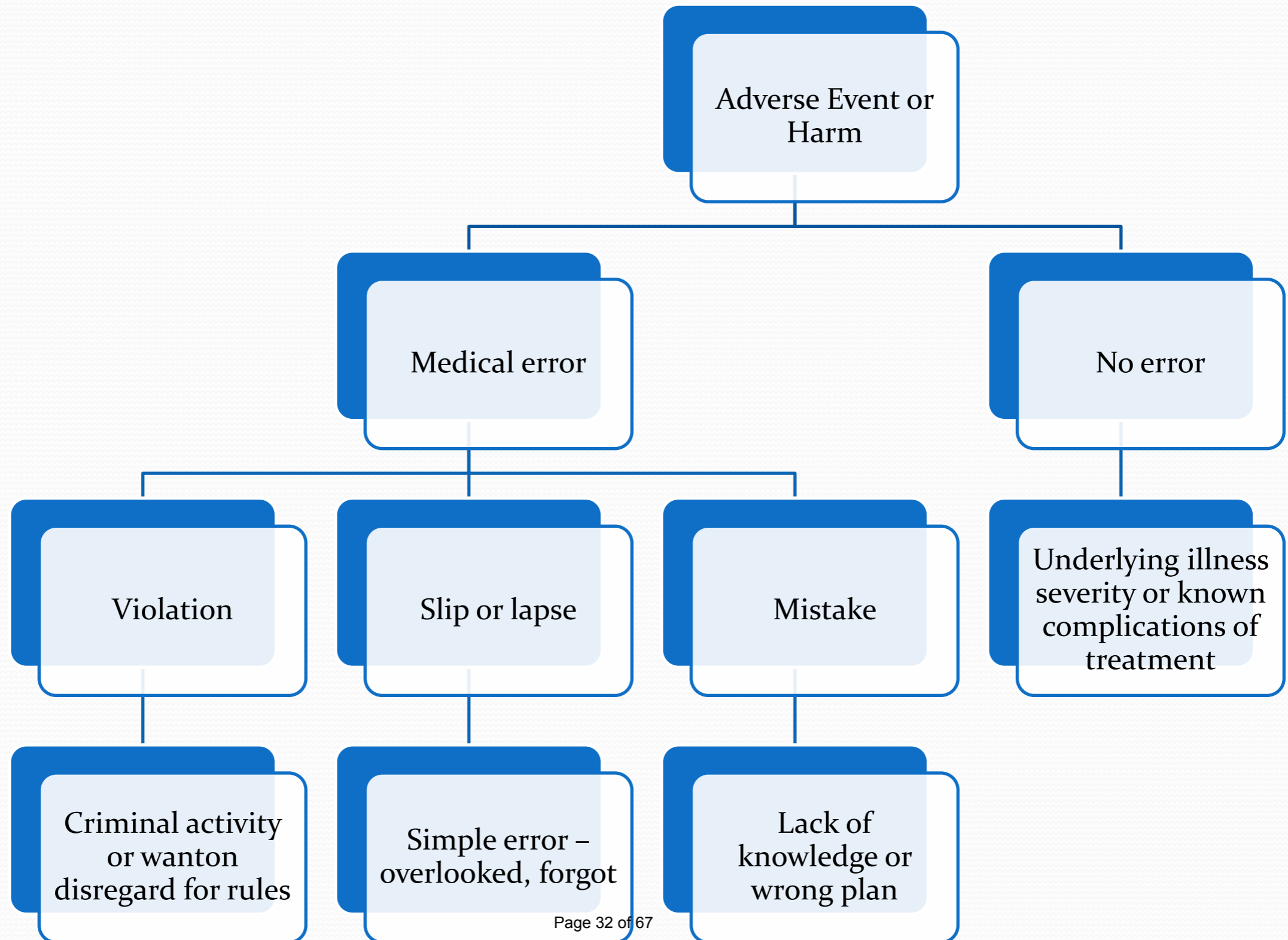
	<b>JOHN H STROGER JR HOSPITAL</b> 1901 W HARRISON ST CHICAGO, IL 60612 (312) 864-6000  <a href="#">Add to my Favorites</a> <a href="#">Map and Directions</a>	<b>U.S. NATIONAL RATE</b>
Objects accidentally left in the body after surgery	0.000 per 1,000 <a href="#">patient discharges</a>	0.028 per 1,000 <a href="#">patient discharges</a>
Air bubble in the bloodstream	0.000 per 1,000 <a href="#">patient discharges</a>	0.003 per 1,000 <a href="#">patient discharges</a>
Mismatched blood types	0.000 per 1,000 <a href="#">patient discharges</a>	0.001 per 1,000 <a href="#">patient discharges</a>
Severe pressure sores (bed sores)	0.211 per 1,000 <a href="#">patient discharges</a>	0.136 per 1,000 <a href="#">patient discharges</a>
Falls and injuries	0.423 per 1,000 <a href="#">patient discharges</a>	0.527 per 1,000 <a href="#">patient discharges</a>
Blood infection from a catheter in a large vein	1.269 per 1,000 <a href="#">patient discharges</a>	0.372 per 1,000 <a href="#">patient discharges</a>
Infection from a urinary catheter	0.211 per 1,000 <a href="#">patient discharges</a>	0.358 per 1,000 <a href="#">patient discharges</a>
Signs of uncontrolled blood sugar	0.423 per 1,000 <a href="#">patient discharges</a>	0.058 per 1,000 <a href="#">patient discharges</a>

# Overview and Definitions

# Adverse Events: A Definition

Injury, or harm, due to  
medical care unrelated to  
the underlying disease or  
condition of the patient

# Adverse Events: All Causes



# Cognitive Psychology of Errors

Behavior Type	Features	Type of Error	Practical Causes
Intentional	Intention to harm, or very poor judgment or disregard	<b>Violations</b> – harm intended or predictably caused by actions	Criminal activity, drugs or substance abuse
Habitual	Automated, repetitive, monotonous	<b>Slips</b> – lapses in automaticity, unconscious	Stress, fatigue, distraction, poor system design
Cognitive	Requires analysis, planning, oversight, mental effort	<b>Mistakes</b> – wrong rules applied, failure of heuristics	Inadequate knowledge or experience

# How Errors Occur: The 'Person' Approach

Errors arise from defective human processing such as poor motivation, carelessness, recklessness

Countermeasures to prevent them: punish the offender

Careless people simply need reminders and re-education

Hypothesis: Error is a moral issue; in a 'just world' bad outcomes result from bad intent

# How Errors Occur: The 'Systems' View

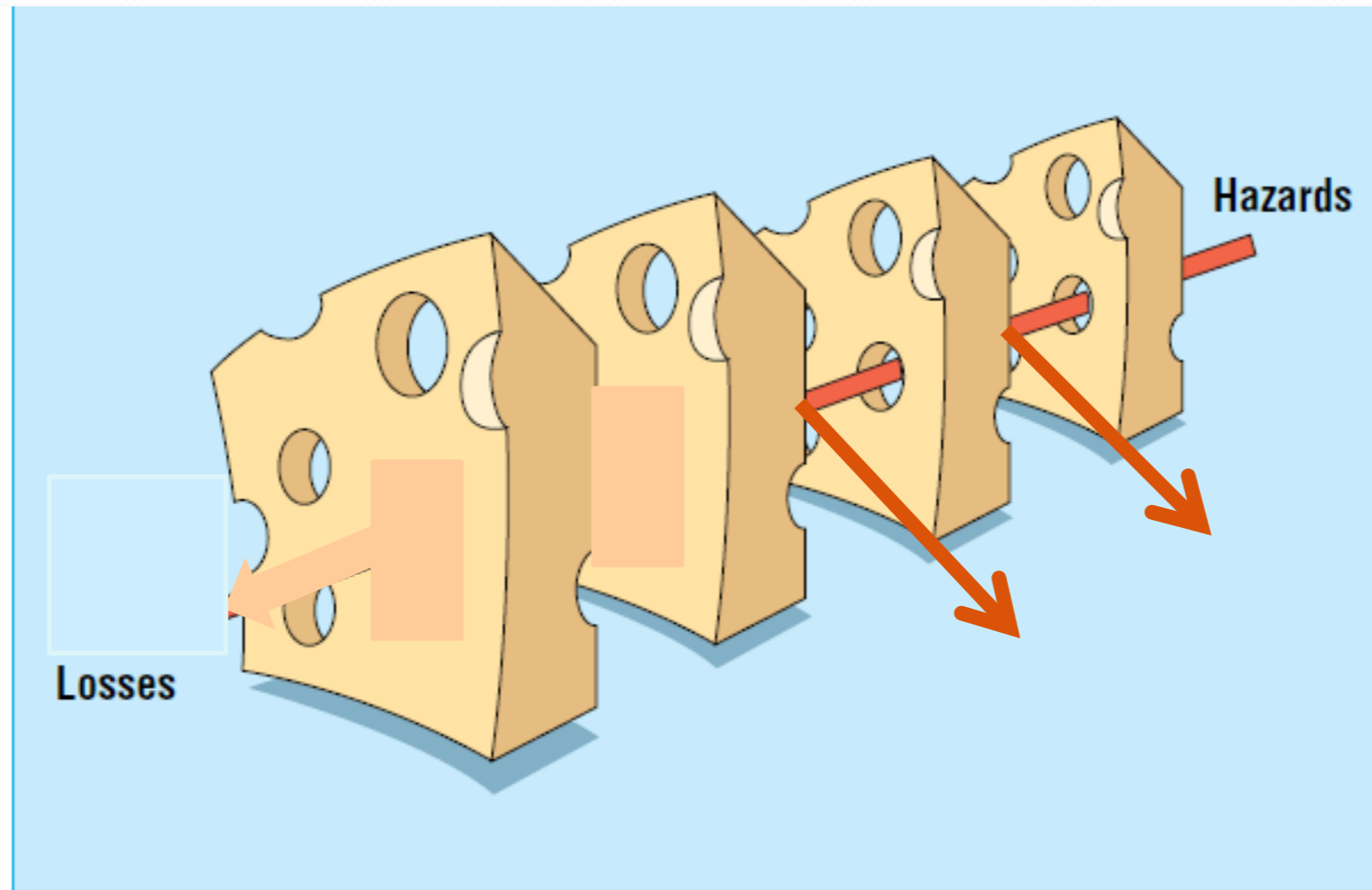
Hypothesis: humans are fallible and errors are expected

Organizations contain 'error traps'

Countermeasures: you cannot change the human condition thus you must change the conditions under which humans work

Use system defenses, build in checks and redundancies

# Errors: Role of Serial Defenses



The Swiss cheese model of how defences, barriers, and safeguards may be penetrated by an accident trajectory

# Concept of Latent Errors

## The 'tip of the iceberg':

We only see the errors which reach the patient.

There is a larger group of 'latent' errors or 'near misses' which do not reach the patient but if combined with other errors, have the potential for harm.

These are the actual 'holes' in the Swiss cheese model.

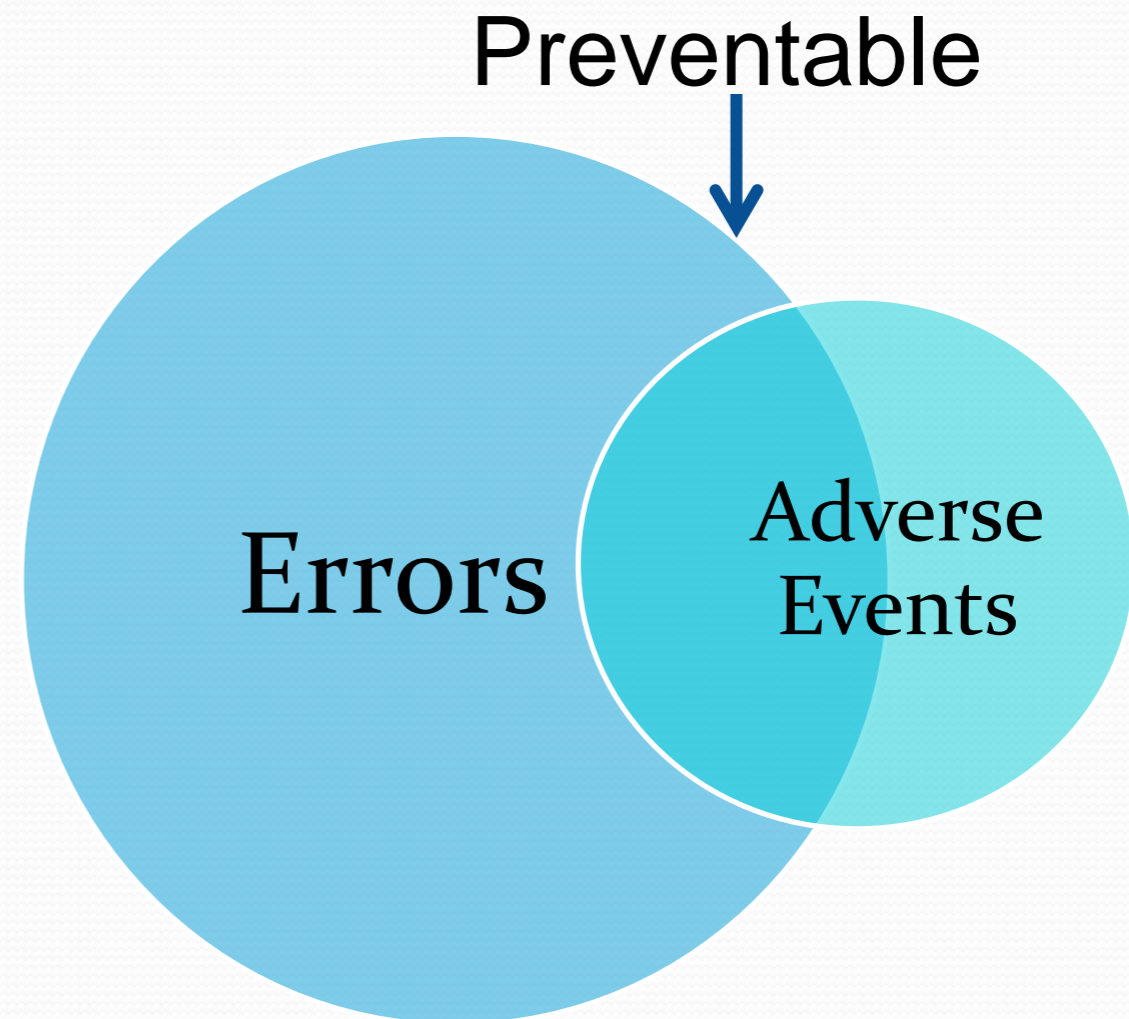


10%

90%  
Latent  
Errors

# Errors versus Adverse Events

- Adverse event – occurs when serial defenses fail
- One in ten errors result in adverse events
- About one-half of all adverse events are preventable



# Common Types of Medical Errors

- Adverse drug reactions:
  - Wrong drug
  - Wrong dose
  - Allergic to drug
- Procedural complications:
  - Anesthetic complications
  - Technical complications
- Hospital acquired infections:
  - Line sepsis, Catheter-associated urinary tract infections (CAUTI), Ventilator-associated pneumonia (VAP), surgical infection
- Other acquired conditions:
  - Falls with injury, pressure ulcers
- Diagnostic errors

# What are Sentinel Events?

A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. [They] signal the need for immediate investigation and response...

The Joint Commission

# Sentinel Events

- Suicide of a patient
  - Death of a full term infant
  - Abduction of any patient
  - Rape
  - Discharge of an infant to the wrong family
  - Hemolytic transfusion reaction
  - Surgery on the wrong patient or wrong site
  - Retained foreign object in surgery
  - Neonatal hyperbilirubinemia > 30
  - Prolonged fluoroscopy
- 
- And any unanticipated death or major loss of function not related to the patient's underlying illness

# Hospital Acquired Conditions (subset of Never Events-NQF)

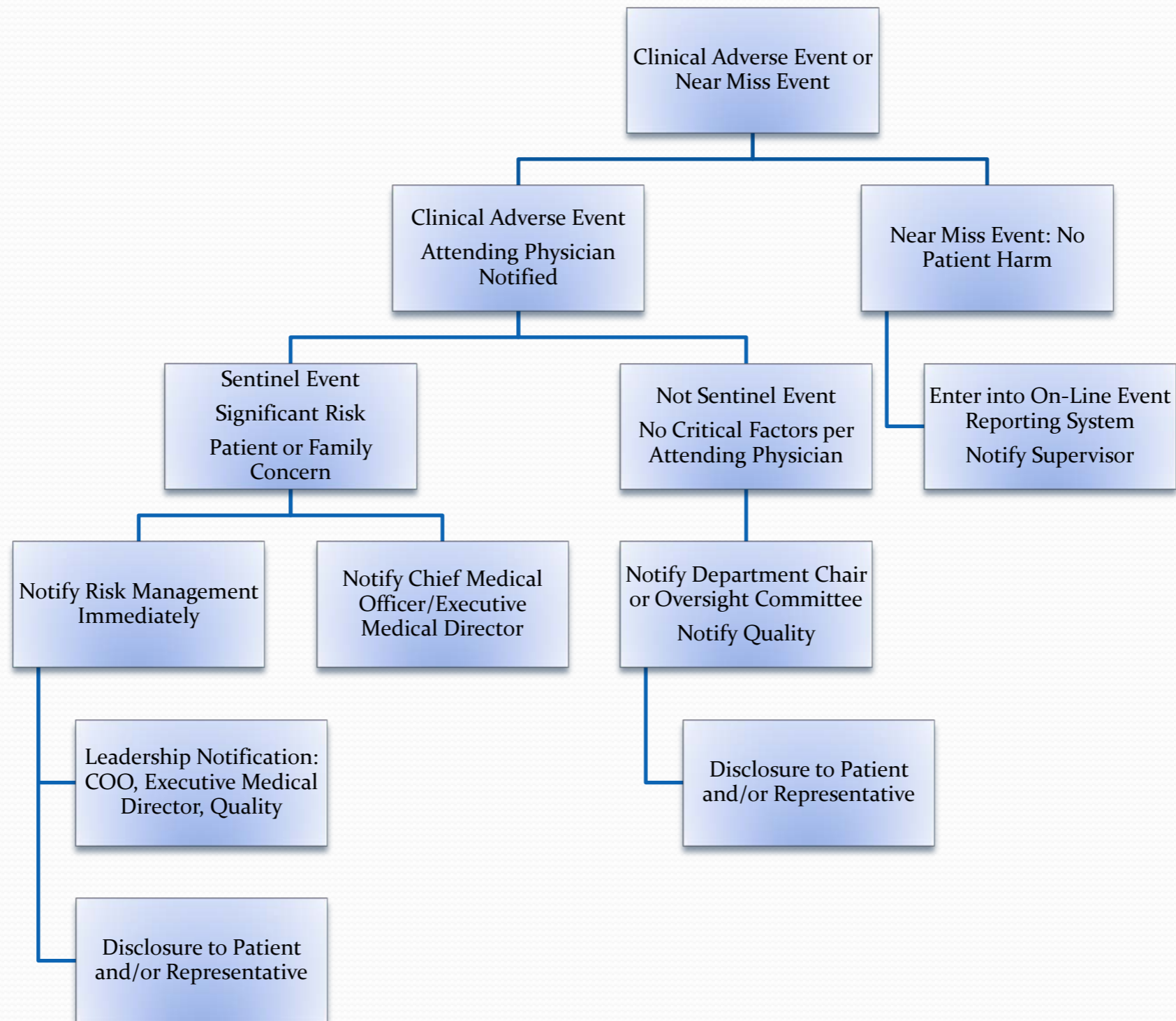
- Air embolism
- Blood incompatibility
- Catheter associated UTI
- Deep venous thrombosis or pulmonary embolism associated with hip or knee surgery
- Epidermis – pressure ulcers st III, IV
- Forgotten object – left in surgery
- Glycemic control poor – diabetic ketoacidosis or hyperosmolar nonketotic crisis
- Harm in hospital – fall, burn, shock
- Indwelling line infection
- Infection after surgery – CABG, ortho, bariatric

# Identification & Reporting

# Identification of Adverse Events

- Reporting – phone call or directly contact by the clinician or observer
- Electronic reporting systems (MERS)
  - MERS is transitioning to a new system in October, evaluation is underway for a new system
- Audit or case review:
  - Internal – case conference, morning report
  - External – quality reviews by payers
- Litigation/ malpractice claims
- Surveillance:
  - Review of all deaths, arrests, ICU transfers, reoperations
  - ‘Trigger tools’ – algorithms which identify adverse events with a high degree of accuracy

# Immediate Reporting of Adverse Events



# REPORTER - Login

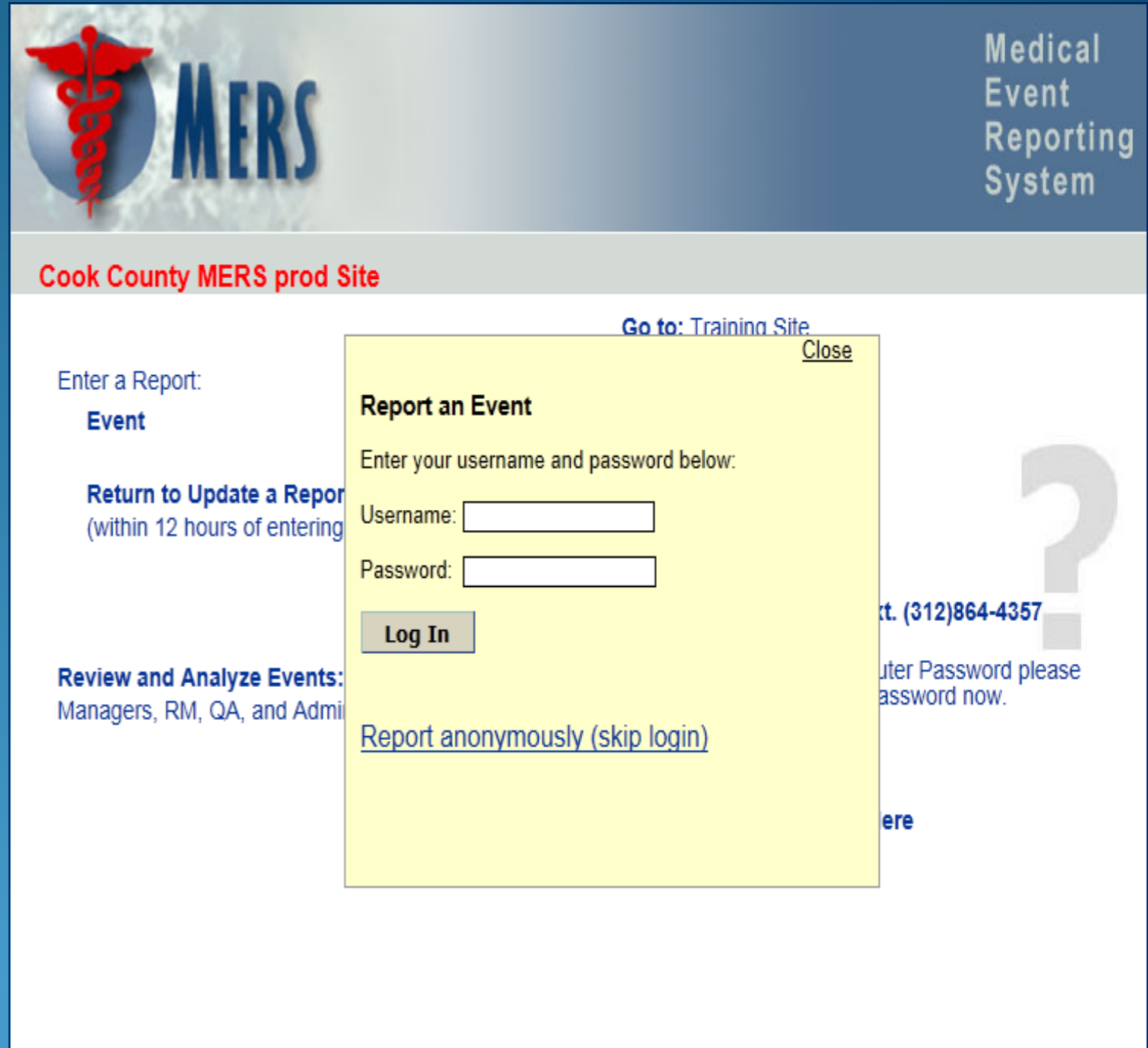
## Reporter's Login Page

- You can enter events in MERS as an EMPLOYEE (authenticated/logged in) or VISITOR (anonymously)

Icon on all computer screens

Easy to enter information

- You can return within 12 hours to complete an event.



The screenshot displays the MERS Reporter Login Page. At the top, the MERS logo (a red caduceus) is on the left, and the text "Medical Event Reporting System" is on the right. Below the logo, it says "Cook County MERS prod Site". A link "Go to: Training Site" is visible. The main content area has a yellow background and contains the following elements:

- Enter a Report:** A link to "Event".
- Return to Update a Report:** A link with the text "(within 12 hours of entering)".
- Review and Analyze Events:** A link with the text "Managers, RM, QA, and Admin".
- Report an Event:** A section with the heading "Enter your username and password below:" and two input fields for "Username:" and "Password:". Below these is a "Log In" button.
- Report anonymously (skip login):** A link.

On the right side of the page, there is a large question mark icon and a phone number "(312)864-4357". At the bottom right, there is a link "here".

# MERS Patient Safety Event Reporting

**NEW** web-based program collects, reports, and analyzes patient event & near miss data

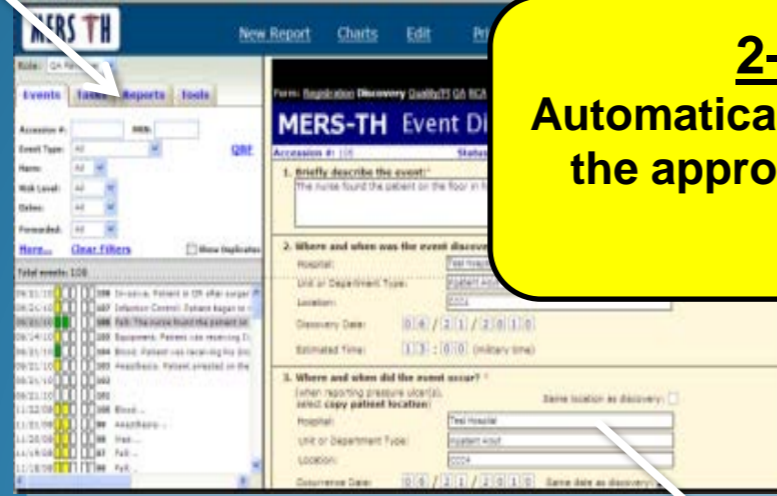
## 1-CAPTURE

Easy web-based program to record an EVENT in 3-4 minutes



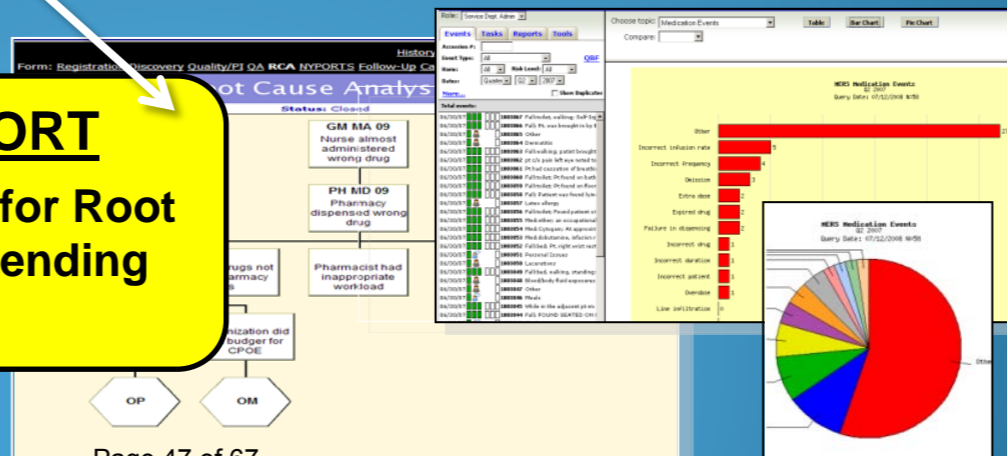
## 2-REVIEW

Automatically routes EVENT to the appropriate manager(s)



## 3-ANALYZE/REPORT

Built-in analytical tools for Root Cause Analysis and Trending



## 16 EVENT Categories

Falls

Medication

Radiology

Blood

Behavior

Laboratory

Infection

Accident

Skin

Anesthesia

Obstetrical

Equipment

Invasive

General Care

Dietary

Pt Complaints

Notification

## ADVERSE EVENT

### Risk management -- MERS

#### SYSTEM

CEO, CCI, Exec Med Dir, Exec  
Nursing Dir ,CQO General  
Counsel

#### AFFILIATE

Attending phys, affiliate  
phys/nursing/operational  
leadership

Risk management conducts an  
investigation

Investigation

Risk management evaluates the  
potential impact of the event

Analysis

Risk Management reports to Excess  
Carrier

Prevention

Leaders review event w/in 24 hours  
Communication with patient, family

Quality Director /CMO direct a Root  
Cause Analysis

Quality/Oversight Committee reviews  
RCA , implements plan

Summary to CCHHS QPS

# Analysis

# Managing High Risk Adverse Events

1. Care for the Patient



2. Conduct Initial Fact Finding



3. Care for Caregivers



4. Report to Insurance Carrier



5. Conduct Root Cause Analysis

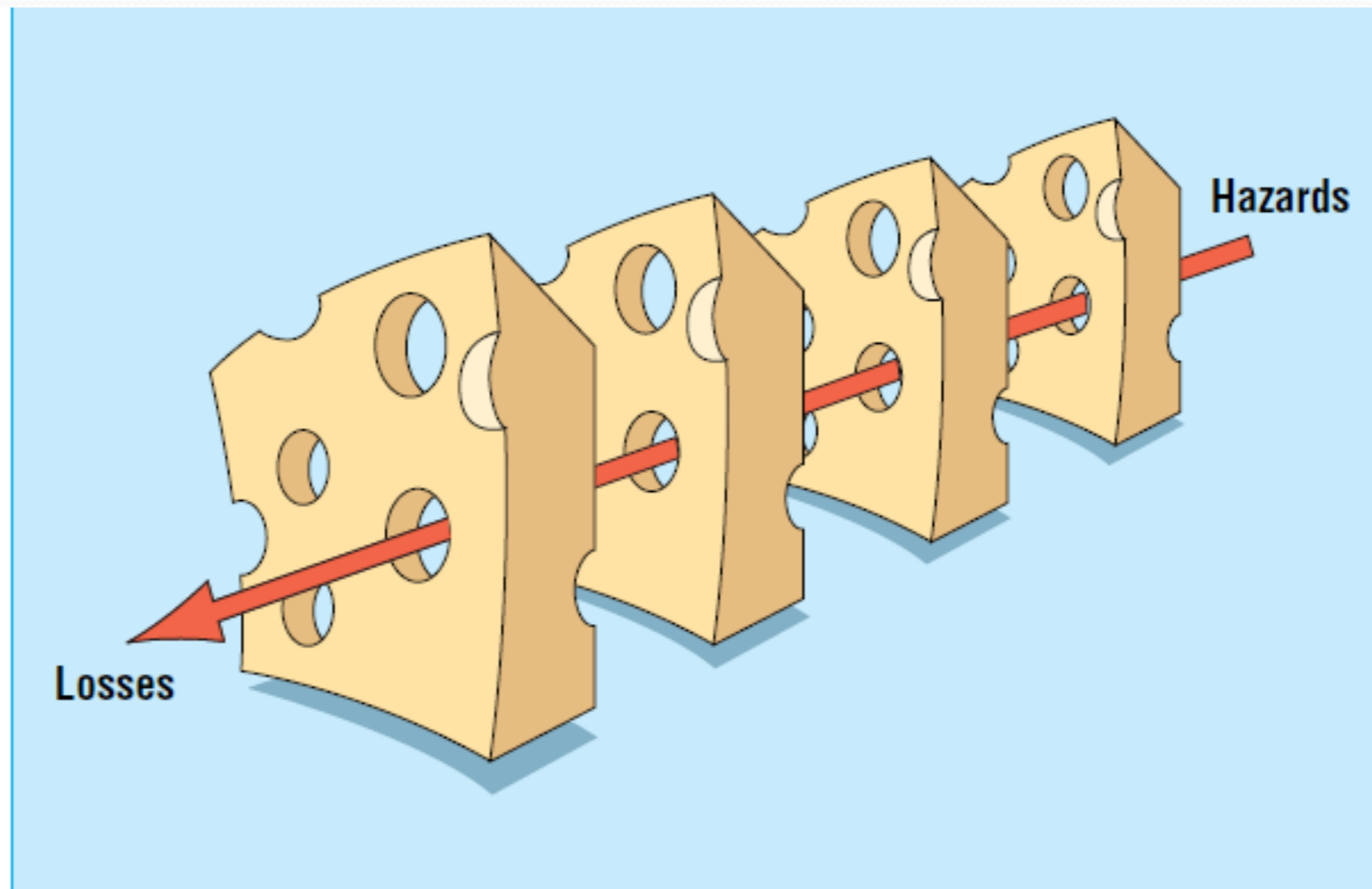


6. Implement Corrective Actions

# Root Cause Analysis:

- Goal: use a structured method to identify all potential causes of an event
- Goal: prevention of future events
- Domains of evaluation:
  - Provider factors –delays, errors
  - Communication, information transfer or availability
  - Work environment, staffing, equipment
  - Organization and management
- RCA group includes members from different disciplines ; prefer front line staff

# Sequential Failures Lead to the Event: All failure points should be addressed



The Swiss cheese model of how defences, barriers, and safeguards may be penetrated by an accident trajectory

## ROOT CAUSE ANALYSIS QUESTIONS GUIDELINES

The Joint Commission Root Cause Analysis and Action Plan tool has 24 analysis questions. The following guidelines are intended to assist in answering the analysis questions listed. Be sure to enter a response in the “Root Cause Analysis Findings” for each question #. If you have any questions or continue to have difficulty submitting the tool, please call the Sentinel Event Unit at 630-792-3700.

Question #	Analysis Question	Prompts
1	What was the intended process flow?	<p>List the relevant process steps as defined by the policy, procedure, protocol, or guidelines in effect at the time of the event. You may need to include multiple processes.</p> <p><b>Note:</b> The process steps <i>as they occurred in the event</i> will be entered in the next question. Examples of defined process steps may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Site verification protocol</li> <li>• Instrument, sponge, sharps count procedures</li> <li>• Patient identification protocol</li> <li>• Assessment (pain, suicide risk, physical, and psychological) procedures</li> <li>• Fall risk/fall prevention guidelines</li> </ul>
2	Were there any steps in the process that did not occur as intended?	<p>Explain in detail any deviation from the intended processes listed in Analysis Item #1 above.</p>
3	What human factors were relevant to the outcome?	<p>Discuss staff-related human performance factors that contributed to the event. Examples may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Boredom</li> <li>• Failure to follow established policies/procedures</li> <li>• Fatigue</li> <li>• Inability to focus on task</li> <li>• Inattentional blindness/ confirmation bias</li> <li>• Personal problems</li> <li>• Lack of complex critical thinking skills</li> <li>• Rushing to complete task</li> <li>• Substance abuse</li> <li>• Trust</li> </ul>
4	How did the equipment performance affect the outcome?	<p>Consider all medical equipment and devices used in the course of patient care, including AED devices, crash carts, suction, oxygen, instruments, monitors, infusion equipment, etc. In your discussion, provide information on the following, as applicable:</p> <ul style="list-style-type: none"> <li>• Descriptions of biomedical checks</li> <li>• Availability and condition of equipment</li> </ul>

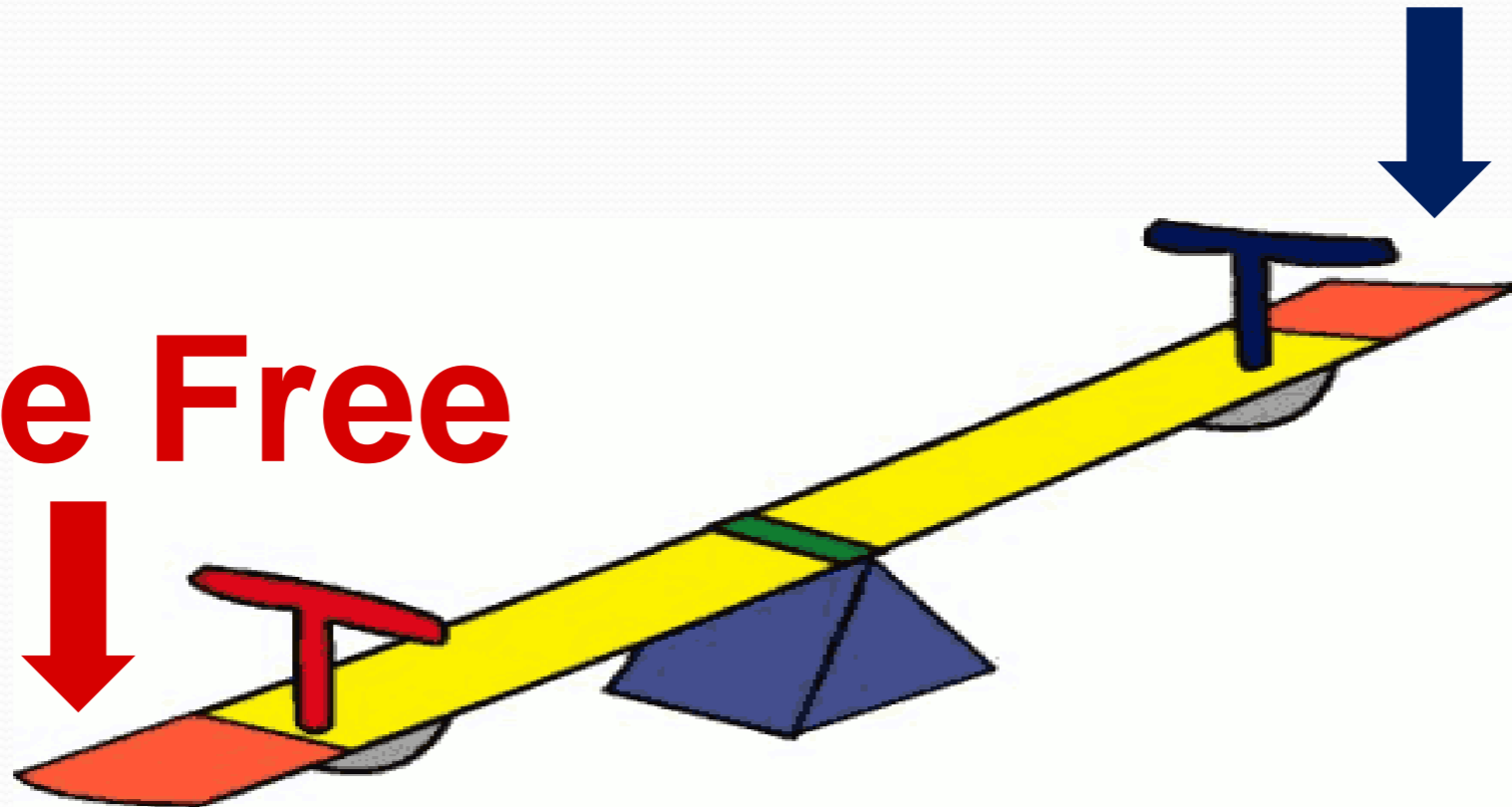
# What a Root Cause Analysis is NOT

- A way to identify a single 'root' cause
- A way to assign responsibility for the outcome

# 'Blame free' Culture versus 'Just culture'

**Accountability**

**Blame Free**

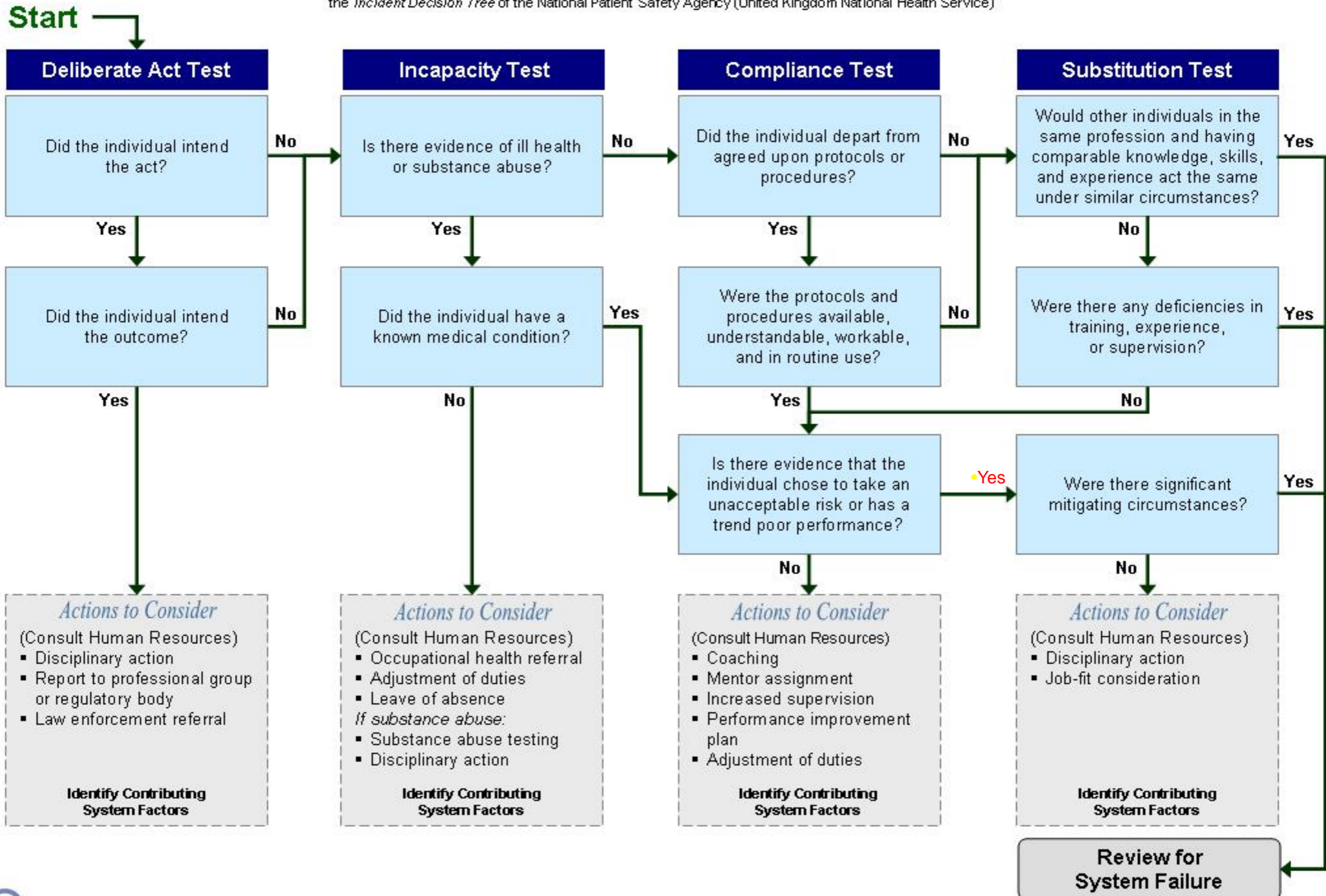


# 'Just culture' Framework

- Most errors are due to systems issues
- Tension between 'blame free' culture and accountability
- Framework asks 4 questions:
  - Criminal activity?
  - Substance issues/ incapacity?
  - Compliance with policies?
  - Substitution test → would another person act the same way in the same situation?
- This creates a **culture of safety** → encourages future reporting and investigation, creates a safer organization

# Performance Management Decision Tree

Adapted from James Reason's *Decision Tree for Determining the Culpability of Unsafe Acts* and the *Incident Decision Tree* of the National Patient Safety Agency (United Kingdom National Health Service)



# RCA – Corrective Actions

- Devise strong interventions
  - Work flow modification
  - Use of technology
- Avoid weak interventions
  - Lectures
  - ‘Counseling’
- Promote collaboration in solutions
- Assign accountability using the just culture framework
- Measure compliance; assure sustainability
- Report back to involved departments

# Summary

- Adverse events occur when a series of latent errors reaches the patient
- A systematic approach to error reporting is crucial for appropriate identification and prevention
- Root cause analysis is a systematic way to identify all the factors to result in an adverse event
- A just culture approach avoids placing blame on individuals and assigns accountability in a structured fashion

# Questions

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
September 23, 2013

ATTACHMENT #3

# John H. Stroger, Jr. Hospital of Cook County



## Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

### INITIAL APPOINTMENT APPLICATIONS

Abadin, Shabirhusain., MD Appointment Effective:	Surgery/General Surgery September 23, 2013 thru September 22, 2015	Active Physician
Bayissa, Yohannes, A., MD Appointment Effective:	Medicine/Hospital Medicine September 23, 2013 thru September 22, 2015	Voluntary Physician
Chiu, Bill, MD Appointment Effective:	Surgery/Pediatrics September 23, 2013 thru September 22, 2015	Voluntary Physician
Khanna, Samrat U., MD Appointment Effective:	Medicine/Hospital Medicine September 23, 2013 thru September 22, 2015	Voluntary Physician
Skondra, Dimitra, MD Appointment Effective:	Surgery/Ophthalmology September 23, 2013 thru September 22, 2015	Active Physician
Wang, Lee <u>Leo</u> , MD Appointment Effective:	Surgery/Ophthalmology September 23, 2013 thru September 22, 2015	Consulting Physician

### Initial Non-Physician Appointment Applications

Caceres, Victor T., PA-C With Sherman, Scott C. MD Alternate Sergel, Michelle J., MD Effective:	Emergency Medicine September 23, 2013 thru September 22, 2015	Physician Assistant
Halley, Candida A., PA-C With Moskoff, Jordan B., MD Alternate Kysia, Rashid Fuad, MD Effective:	Emergency Medicine September 23, 2013 thru September 22, 2015	Physician Assistant
Hubl, Jessica L., CRNA Effective:	Anesthesiology September 23, 2013 thru September 22, 2015	Nurse Anesthetist
Kalman, Michelle R., PA-C With Menezes, Ralph, MD Alternate Kelner, David Dimitri, MD Effective:	Correctional Health Services September 23, 2013 thru September 22, 2015	Physician Assistant

### REAPPOINTMENT APPLICATIONS

#### Department of Anesthesiology

Krause, Mark, MD Reappointment Effective:	Anesthesiology October 21, 2013 thru October 20, 2015	Affiliate Physician
Swiner, Connie, MD Reappointment Effective:	Anesthesiology October 19, 2013 thru October 18, 2015	Affiliate Physician

**APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON SEPTEMBER 23, 2013**

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications (continued)**

**Department of Correctional Health Services**

Kartan, Usha, MD Reappointment Effective:	Psychiatry September 23, 2013 thru September 22, 2015	Voluntary Physician
Ledvora, Ronald, MD Reappointment Effective:	Internal Medicine October 21, 2013 thru October 20, 2015	Active Physician
Marri, Bharathi, MD Reappointment Effective:	Psychiatry October 18, 2013 thru October 17, 2015	Voluntary Physician
Rabin, Randy, DDS Reappointment Effective:	Dentistry September 23, 2013 thru September 22, 2015	Active Dentist

**Department of Emergency Medicine**

Mycyk, Mark, MD Reappointment Effective:	Emergency Medicine October 16, 2013 thru September 20, 2015	Active Physician
Weber, Joseph, MD Reappointment Effective:	Emergency Medicine October 20, 2013 thru October 19, 2015	Active Physician

**Department of Medicine**

Beard, Glenn, A.T., MD Reappointment Effective:	Pulmonary & Critical Care Medicine October 21, 2013 thru October 20, 2015	Active Physician
DeLeon, Humberto, R., MD Reappointment Effective:	Hospital Medicine October 18, 2013 thru October 17, 2015	Active Physician
Hanna, Aseel, A., MD Reappointment Effective:	Medicine/ACHN October 21, 2013 thru October 20, 2015	Active Physician
Haratau, Joana, C., MD Reappointment Effective:	General Medicine October 18, 2013 thru October 17, 2015	Active Physician
Mosnaim, Giselle, S., MD Reappointment Effective:	Pulmonary & Critical Care Medicine October 20, 2013 thru October 19, 2015	Consulting Physician
Patel, Shilpa, M., MD Reappointment Effective:	Infectious Diseases October 18, 2013 thru October 17, 2015	Consulting Physician

**Department of Pathology**

Strauss, Ronald, MD Reappointment Effective:	Blood Bank September 23, 2013 thru September 22, 2015	Active Physician
Tarjan, Gabor, MD Reappointment Effective:	Anatomic Pathology October 21, 2013 thru October 20, 2015	Active Physician

**Department of Pediatrics**

Agarwal, Ghanshyam, D., MD Reappointment Effective:	Neonatology October 16, 2013 thru October 15, 2015	Consulting Physician
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**APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON SEPTEMBER 23, 2013**

REVISED

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Pediatrics (continued)**

Cunill, Denise, MD Reappointment Effective:	ACHN October 18, 2013 thru October 17, 2015	Active Physician
Dighe, Dipti, S., MD Reappointment Effective:	Hematology/Oncology October 18, 2013 thru October 17, 2015	Active Physician
Kangethe, Francis, T., MD Reappointment Effective:	Emergency Medicine October 21, 2013 thru October 20, 2015	Active Physician
Lorand, Michele, MD Reappointment Effective:	Child Protective Services October 21, 2013 thru October 20, 2015	Active Physician
Moy, James, MD Reappointment Effective:	Allergy and Immunology October 21, 2013 thru October 20, 2015	Active Physician
Sisung, Charles, MD Reappointment Effective:	Rehabilitation Medicine September 23, 2013 thru September 22, 2015	Voluntary Physician
Walton-Verner, Kimberly MD Reappointment Effective:	ACHN October 18, 2013 thru October 17, 2015	Active Physician

**Department of Radiology**

Sansi, Pratiba MD Reappointment Effective:	Nuclear Medicine October 20, 2013 thru October 19, 2015	Voluntary Physician
Sobti, Pamela, MD Reappointment Effective:	Radiology October 20, 2013 thru October 19, 2015	Active Physician

**Department of Surgery**

Burke, Winston, DPM Reappointment Effective:	Podiatry September 23, 2013 thru September 22, 2015	Affiliate Podiatrist
Garapati, Rajeev, MD Reappointment Effective:	Orthopaedics October 21, 2013 thru October 20, 2015	Voluntary Physician

**Renewal of Privileges for Non-Medical Staff**

Darang-Coleman, Michelle, CNP With Goldberg, David N., MD Effective:	Medicine / General Medicine October 21, 2013 thru October 20, 2015	Nurse Practitioner
Fowler, Nancy C., CNP With Thomas, Lynelle E., MD Effective:	Psychiatry / Juvenile Center November 20, 2013 thru November 19, 2015	Nurse Practitioner
Krueger, Kristin, PhD Effective:	Psychiatry/Psychology/Adult Psychiatry September 23, 2013 thru September 22, 2015	Clinical Psychologist
Simmons, Zina M., CNP With Kelleher, Patricia, MD Effective:	Medicine / General Medicine November 24, 2013 thru November 23, 2015	Nurse Practitioner

**APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON SEPTEMBER 23, 2013**

REVISED

**John H. Stroger, Jr. Hospital of Cook County**  
**Renewal of Privileges for Non-Medical Staff (continued)**

Weiland, Sandra J., CRNA  
Effective:

Anesthesiology  
November 24, 2013 thru November 23, 2015

Nurse Anesthetist


**Medical Staff Status Change with no Change in Privileges**

Brown, Anthony, MD

From: Voluntary Physician

To: Consulting Physician

**CCHHS**  
**APPROVED**  
**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON SEPTEMBER 23, 2013**



# Provident Hospital of Cook County



## Medical Staff Reappointments and Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

### INITIAL APPLICATION

Sharma, Vibhu, MD	Internal Medicine/Pulmonary	Affiliate Physician
Appointment Effective:	September 23, 2013 thru September 22, 2015	

### REAPPOINTMENT APPLICATIONS

#### Department of Anesthesiology

Krause, Mark, MD	Anesthesiology	Active Physician
Reappointment Effective:	October 21, 2013 thru October 20, 2015	

#### Department of Clinical Labs/Anatomic Pathology

Vera Ray, MD	Clinical Pathology	Voluntary Physician
Reappointment Effective:	September 23, 2013 thru August 19, 2015	

#### Department of Emergency Medicine

Bhatt, Tapan, DO	Emergency Medicine	Active Physician
Reappointment Effective:	October 16, 2013 thru October 15, 2015	

Lynch, Linda, DO	Emergency Medicine	Active Physician
Reappointment Effective:	October 16, 2013 thru October 15, 2015	

Simeakis, Sophie, DO	Emergency Medicine	Active Physician
Reappointment Effective:	October 16, 2013 thru October 15, 2015	

Sigamony, Ranjit, MD	Emergency Medicine	Active Physician
Reappointment Effective:	September 23, 2013 thru September 22, 2015	

Vaseemuddin, Mohammad, MD	Urgent Care Medicine	Active Physician
Reappointment Effective:	September 23, 2013 thru September 22, 2015	

#### Department of Family Medicine

Jacobson, Anne, MD	ACHN	Active Physician
Reappointment Effective:	September 23, 2013 thru September 22, 2015	

#### Department of Internal Medicine

Carryon, Paul X., MD	Cardiology	Active Physician
Reappointment Effective:	October 18, 2013 thru October 17, 2015	

**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE

ON SEPTEMBER 23, 2013

REVISED

**Provident Hospital of Cook County**  
**Reappointment Applications**

**Department of Internal Medicine (continued)**

Maliakkal, Anto V., MD Reappointment Effective:	Internal Medicine October 16, 2013 thru October 15, 2015	Active Physician
Tulaimat, Aiman MD Reappointment Effective:	Pulmonary October 21, 2013 thru March 18, 2015	Affiliate Physician
Pierre-Louis, Serge, J.C., MD Reappointment Effective:	Neurology October 18, 2013 thru October 17, 2015	Affiliate Physician
Singleton, Jr., Lafayette, MD Reappointment Effective:	Neurology October 18, 2013 thru December 17, 2014	Affiliate Physician

**Department of Obstetrics and Gynecology**

Gamble, Tondalaya, MD Reappointment Effective:	Obstetrics/Gynecology October 21, 2013 thru October 20, 2015	Affiliate Physician
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**Department of Radiology**

Williams, Kenneth, MD Reappointment Effective:	Radiology October 16, 2013 thru October 15, 2015	Active Physician
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**Department of Surgery**

Szatkowski, Jan, MD Reappointment Effective:	Orthopedics October 18, 2013 thru September 20, 2015	Affiliate Physician
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**CCHHS**  
**APPROVED**  
**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON SEPTEMBER 23, 2013**

